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FROM
MASSACHUSETTS
MEDICAL SOCIETY.

D. H. HAYDEN, M.D.,
*Librarian,*
201 Beacon Street, Boston.

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# TRANSACTIONS

OF THE

# MEDICAL SOCIETY

OF THE

## STATE OF NEW YORK,

## FOR THE YEAR 1881.

PUBLISHED BY THE SOCIETY.
1881.
TRUAIR, SMITH & BRUCE, PRINTERS AND BINDERS,
SYRACUSE, N. Y.

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# MEDICAL SOCIETY

OF THE

# STATE OF NEW YORK.

## ORGANIZATION.

By an act of the Legislature passed April 4, 1806, and subsequently amended, the Medical Society of the State of New York is organized as follows:

The Society is composed of delegates, permanent members, and honorary members.

### I. DELEGATES.

Delegates are sent by County Medical Societies, certain Medical Colleges, and by the New York Academy of Medicine. Each County Medical Society is entitled to as many delegates as there are Assembly Districts in said County. Each incorporated Medical College, which, by its charter, may be represented in this Society, is entitled to one delegate, and the New York Academy of Medicine to five delegates.

Delegates from County Medical Societies are elected by ballot at annual meetings of the Societies. The term for which they are elected is four years, and, as nearly as possible, one-fourth of the whole number is annually elected.

The credentials of all delegates must be duly authenticated by the seal of the organization which they represent, and the signature of its Secretary.

The organizations entitled to representation in this Society, are required by its by-laws, to pay to the Treasurer, for the use of the Society, five dollars annually, for each delegate they are entitled to send; and no delegate is permitted to inscribe his

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name in the Register, at the annual meeting, until the dues against the organization he represents have been paid.

The following table exhibits the classification of Counties and Colleges, as respects the election of delegates, and shows when the present delegations become vacant.

| VACANT. | VACANT. | VACANT. | VACANT. |
|---|---|---|---|
| February 1, 1882. | February 1, 1883. | February 1, 1884. | February 1, 1885. |
| Chenango, | Allegany, | Chautauqua, | Albany, |
| Clinton, | Broome, | Dutchess, | Cattaraugus, |
| Columbia, | Delaware, | Essex, | Cayuga, |
| Cortland, | Franklin, | Fulton, | Chemung, |
| Erie, | Genesee, | Greene, | Oneida, |
| Hamilton, | Livingston, | Jefferson, | Otsego, |
| Herkimer, | Monroe, | Lewis, | Richmond, |
| Kings, | Montgomery, | Niagara, | Rockland, |
| Madison, | New York, | Ontario, | Saratoga, |
| St. Lawrence, | Onondaga, | Orleans, | Schenectady, |
| Suffolk, | Orange, | Putnam, | Steuben, |
| Ulster, | Oswego, | Queens, | Sullivan, |
| Washington, | Rensselaer, | Schoharie, | Tioga, |
| Wayne, | Schuyler, | Warren, | Tompkins, |
| Westchester, | Seneca, | College Physicians and Surg'ns, N.Y. | Med. Dep. of Union University. |
| Univ. of City of New York, Med. Dep. | Wyoming, | Long Island College Hospital—16. | Med. Dep. of University of Buffalo. |
| New York Academy of Medicine. | Yates—17. | | College of Medicine of Syracuse University—17. |
| Bellevue Hosp. Med. College—18. | | | |

## II. PERMANENT MEMBERS.

Permanent members are elected at the annual meetings of this Society from those who have attended as delegates, at least three meetings of this Society. They are elected from the Senatorial Districts of 1836, in the proportion of one permanent member to every eight delegates from the County Medical Societies to which the district may be entitled, and one for every additional fraction of one-half or more of this number. At the time of their election, permanent members must be residents of the districts which are credited with them, and in good standing as active members of their County Societies.

Each permanent member on his election shall pay an initiation fee of five dollars, and also the annual dues of a permanent member for the year in which he was elected. If a permanent member-elect shall not pay his initiation fee within one year after his election, such election shall be void.

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Permanent members are required to pay, annually, five dollars to the Treasurer, for the use of this Society, and no permanent member is allowed to inscribe his name in the Register, at the meetings of the Society, who has not paid his dues for that year, and all arrearages.

All annual dues are payable at the beginning of the session of the annual meeting of the Society.

Only delegates and permanent members whose names are inscribed in the Register are entitled to vote at the meetings of the Society.

### III. HONORARY MEMBERS.

The Governor and Lieutenant Governor of this State, and the Judges of the higher courts during their term of office, shall be *ex-officio*, honorary members.

The Society may also, at the annual meeting, elect eminent physicians from other States or from foreign countries, as honorary members. They must have been nominated at a previous annual meeting, and those elected shall not exceed six in number in any year.

The Society may invite physicians who are present at any meeting to take seats as guests, but no physician of this State shall be so invited, who is not a member of a County Medical Society, entitled to representation in this Society.

Honorary members and invited guests shall have the privilege of a seat at the meetings, of presenting papers, and of taking part in the discussions, but they shall not vote on any question, nor be eligible to any office. Papers presented by them require a special vote by the Society, of reference to the Committee of Publication, in order to appear in the published Transactions.

## MEETINGS.

The annual meetings of the Society shall be held at the Capitol, or some convenient place in the city of Albany, on the first Tuesday in February in each year, and other meetings at such time and place as may be determined by a majority of the Society convened at any legal meeting.

Fifteen members shall constitute a quorum for the transaction of business.

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The Society may, from time to time, change the time of holding its annual meeting, in accordance with the provisions of Chapter V, Laws of 1876, being an "Act to enable the Medical Society of the State of New York, to alter the time of holding its annual meeting."

The Senatorial Districts established in 1836, and the Censorial Districts, are given in the following table. In connection with the name of each County, is placed a figure, to indicate the number of Assembly districts it contains, according to the apportionment made by the Legislature of 1879.

## SOUTHERN CENSORIAL DISTRICT.

### First Senatorial District.

| | | |
|---|---|---|
| Kings, 12. | New York, 24. | Richmond, 1. |

### Second Senatorial District.

| | | |
|---|---|---|
| Dutchess, 2. | Queens, 2. | Sullivan, 1. |
| Orange, 2. | Rockland, 1. | Ulster, 3. |
| Putnam, 1. | Suffolk, 1. | Westchester, 3. |

---

## EASTERN CENSORIAL DISTRICT.

### Third Senatorial District.

| | | |
|---|---|---|
| Albany, 4. | Greene, 1. | Schenectady, 1. |
| Columbia, 1. | Rensselaer, 3. | Schoharie, 1. |
| Delaware, 1. | | |

### Fourth Senatorial District.

| | | |
|---|---|---|
| Clinton, 1. | Herkimer, 1. | Saratoga, 2. |
| Essex, 1. | Montgomery, 1. | Warren, 1. |
| Franklin, 1. | St. Lawrence, 3. | Washington, 2. |
| Fulton and Hamilton, 1. | | |

---

## MIDDLE CENSORIAL DISTRICT.

### Fifth Senatorial District.

| | | |
|---|---|---|
| Jefferson, 2. | Madison, 1. | Oswego, 2. |
| Lewis, 1. | Oneida, 3. | Otsego, 2. |

### Sixth Senatorial District.

| | | |
|---|---|---|
| Allegany, 1. | Chenango, 1. | Steuben, 2. |
| Broome, 1. | Livingston, 1. | Tioga, 1. |
| Cattaraugus, 2. | Schuyler, 1. | Tompkins, 1. |
| Chemung, 1. | | |

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## WESTERN CENSORIAL DISTRICT.

### SEVENTH SENATORIAL DISTRICT.

Cayuga, 2.
Cortland, 1.
Onondaga, 3.
Ontario, 1.
Seneca, 1.
Wayne, 2.
Yates, 1.

### EIGHTH SENATORIAL DISTRICT.

Chautauqua, 2.
Erie, 5.
Genesee, 1.
Monroe, 3.
Niagara, 2.
Orleans, 1.
Wyoming, 1.

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# OFFICERS AND COMMITTEES ELECTED FEBRUARY 3, 1881.

---

PRESIDENT,

ABRAHAM JACOBI, New York.

VICE-PRESIDENT,

WILLIAM GOVAN, Stony Point.

SECRETARY,

WM. MANLIUS SMITH, 7 MYERS BLOCK, Syracuse.

TREASURER,

CHARLES H. PORTER, Albany.

CENSORS,

*Southern District*—J. W. S. GOULEY, C. R. AGNEW, AUSTIN FLINT, New York.

*Eastern District*—E. D. FERGUSON, M. H. BURTON, W. S. COOPER, Troy.

*Middle District*—ALONZO CHURCHILL, S. G. WOLCOTT, J. K. CHAMBERLAYNE, Utica.

*Western District*—C. C. WYCKOFF, THOS. F. ROCHESTER, Buffalo; HENRY LAPP, Clarence.

COMMITTEE OF ARRANGEMENTS.

S. B. WARD, F. C. CURTIS, J. S. MOSHER, Albany.

COMMITTEE ON BY-LAWS.

WM. C. WEY, Elmira. ALEX. HUTCHINS, Albany.
C. E. WITBECK, Cohoes.

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### COMMITTEE ON HYGIENE.

E. V. STODDARD, Rochester. J. F. JENKINS, Yonkers.
STEPHEN SMITH, New York. CALEB GREEN, Homer.
JACOB S. MOSHER, Albany. EDWIN HUTCHINSON, Utica.
HARVEY JEWETT, Canandaigua.

### COMMITTEE ON LEGISLATION.

HENRY G. PIFFARD, New York. ALEX. HUTCHINS, Brooklyn.
A. VANDERVEER, Albany.

### COMMITTEE ON MEDICAL ETHICS.

C. R. AGNEW, New York. E. M. MOORE, Rochester.
S. O. VANDER POEL, Albany.

### COMMITTEE ON PRIZE ESSAYS.

T. F. ROCHESTER, Buffalo. J. P. WHITE, Buffalo.
WILLIAM S. ELY, Rochester.

### COMMITTEE OF PUBLICATION.

WM. MANLIUS SMITH, Manlius. H. D. DIDAMA, Syracuse.
CHARLES H. PORTER, Albany. J. F. JENKINS, Yonkers.

### CENSOR FOR THE COLLEGE OF MEDICINE, SYRACUSE UNIVERSITY.

WILLIAM S. ELY, Rochester.

### SPECIAL COMMITTEE ON CODE OF ETHICS.

WILLIAM C. WEY, Elmira. H. G. PIFFARD, New York.
C. R. AGNEW, New York. WILLIAM S. ELY, Rochester.
S. O. VANDER POEL, Albany.

### SPECIAL COMMITTEE ON PUBLICATION OF TRANSACTIONS.

J. C. DALTON, New York. WM. H. BAILEY, Albany.
THOS. F. ROCHESTER, Buffalo.

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# INAUGURAL ADDRESS,

DELIVERED FEBRUARY 1ST, 1881, AT THE OPENING OF THE SEVENTY-FIFTH ANNUAL MEETING,

BY THE PRESIDENT, WILLIAM H. BAILEY, M. D.,

OF ALBANY.

GENTLEMEN OF THE SOCIETY:—I am deeply indebted for your partiality in selecting me as your President, an honor the more distinguished because of the character of the men you have always heretofore selected for this high office, and the more to be appreciated because the compliment comes from the Medical Society of the State of New York.

My interest in and relations with this Society have been long and intimate, commencing in 1854. I have been present at every meeting, an earnest listener or an active participant in its deliberations, and should my estimate of the importance and growing influence of this Society seem to be extravagant, I shall feel confident of your sympathy and forbearance.

Seventy-five years have passed since the first organization of our Society, and when we recall the condition of the profession at that time, the comparative ignorance of the now recognized fundamental truths, the lack of harmony, the amount of empiricism, we cannot fail to appreciate the efforts made by the few earnest men who, in uniting together, sought to secure from the State and the community that legal and moral recognition which has done so much for our profession. Their organization, as they expressed it, was "for the purpose of regulating the practice of physic and surgery, and to give to the medical profession an honorable station in the community." Never was an honorable purpose more liberally rewarded with the most abundant success.

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The history of our Society, if carefully written, would show a most creditable record, and it must ever be a matter for regret that the proceedings of the earlier meetings were not more fully recorded for preservation.

Ever since the first inception of this Society it has enlisted the services, talents and best energies of the ablest and most intelligent of our profession. And it is no cause for surprise that with such co-operation, each meeting has increased in interest, notably by the value of the papers presented and in the discussions following. This gives the most encouraging promises for the future. From small beginnings, with representations from a few County Societies, the influence of our State Society has gradually extended, until, from nearly every county in the State, delegates and permanent members make their yearly pilgrimages to attend these meetings.

Another noticeable feature in the efforts of the Society for the public welfare is set forth in the preface to the first volume of Transactions, declaring that a distinctive purpose of the Society is for the promotion of medical education, the encouragement given to physical enquiries and observation, and for diminishing the influence of pretenders to the healing art. Then, as now, it was thoroughly appreciated that an educated profession was a protection to the public.

In those days it was difficult to place before the profession and interested public the discussions and proceedings of their meetings, and it was because of the recognized value of such information that the annual volume of Transactions had such importance, and which has not lessened as these records have increased in number. I have no doubt but that this publication has contributed very largely to the permanency and dignity of our organization.

Our annual volume is our biography, historical and professional, bequeathed to us from the Fathers in the profession. Let us cherish it; let us, while we may, improve and enlarge its scope, discourage any thought or suggestion of discontinuing it or impairing its efficiency.

Our code of ethics was made to meet the necessities of early days, and undoubtedly served an admirable purpose then, besides having been comparatively useful since. But in the progress of years and the marked advance in medical science, the wants of the profession have greatly changed, and I recom-

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mend that the present code be materially revised, possibly a new one made more in harmony with the changed conditions of the profession towards each other and the public.

The Registry law enacted by the Legislature of 1880 has its defects, but is really beneficial in many ways. The State recognizes three systems or schools of practice, and by law gives to every physician his selection. It properly requires an identity by compelling the practitioner to avow his fidelity to one of these systems, and requires also a paternity from the school he selects in the tangible form of an authorization to practice. The effect of this, no doubt, will be salutary, inasmuch as no physician will be without some association, and so, with commendable pride, will be stimulated to better efforts and more earnest work.

The law of 1872 relating to the examination of candidates for the degree of Doctor of Medicine, in section 3, declares that such examination shall be "according to each of the systems of practice represented by the several Medical Societies of this State," which, by authority it has been decided, requires such examination to include *all* the systems recognized by law—a glaring defect, for certainly such was never the intention of the framers of that law. I recommend that application be made to the Legislature to so amend this law that each school shall be made responsible for its own faith and practice.

While this Society has accomplished so much in establishing the influence of the profession, and in elevating the standard of instruction for those seeking to enter its ranks, it deserves equal praise for its efforts to educate the community as to the necessity of sanitary reform.

One result of these efforts for the protection and well-being of the public health, and *no doubt its crowning effort*, has been seen in the formation of a State Board of Health. This Board is composed of men distinguished for learning, professional skill and knowledge, and to them are entrusted large powers for the enforcement of the authority conferred by the State. It is safe to say that a knowledge of the ability and industry possessed by the distinguished gentlemen comprising this Board is an assurance that the most valuable information, suggestions and results may be confidently expected.

To the learned and experienced Secretary of the Board, Dr. Elisha Harris, I am indebted for much information of its pur-

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poses and labors, embracing, as it does, a general survey of population, and the organization of a system of vital statistics of the State, which now reaches into every school district. The cities have systems which it is hoped to make uniform on a well defined plan.

The Board has placed itself in communication with the various local Boards of Health, so that early information will be given of the presence of any spreading disease. From nearly 1,200 localities such information is being obtained. About 500,000 pages of necessary instruction and forms for the desired information have been sent to parties who are now corresponding with the Board.

Registration and a careful record of the causes of death have been commenced in some, and are now ordered by the local authorities in more than half the counties. The Board intend to enforce this duty on all.

Any local authority or person may appeal directly to the State Board of Health, or to the Governor, who refers the papers to the Board for examination and report. Several such appeals have already been made and received attention, embracing complaints against nuisances which local authority seemed powerless or unwilling to abate.

The necessity for some such power as is delegated to the State Board is shown in the wide range of subjects embraced in the enquiries directed to its officers. The preventable sources of miasmatic diseases, pollution of wells and water courses, cause numerous complaints; diphtheria and scarlatina, many requests for advice; small pox, the greatest alarm; invitations to make special investigations and analyses, and to give the local authorities counsel in sanitary matters, have also been received. All these prove that the necessity for such supervision and control as is entrusted to this Board is fully appreciated.

I should be pleased to enter more fully into the details of this great work if time permitted. I refer you to its reports for much valuable information. It is enough for me to add that the Board is in full accord and sympathy with the profession, and is entitled to its warmest co-operation and support.

But, gentlemen, I have another, a sad duty to perform. Several that were in health at our last meeting, and some of them with us at that time, have gone to their final reward.

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Dr. H. K. Bellows, Norwich, Chenango county, died March 30, 1880, aged 57.

Dr. Edward R. Hun, Albany, died March 14, 1880, aged 38.

Dr. John V. Lansing, Albany, died May 9, 1880, aged 56.

Dr. Levi Moore, Albany, died June 30, 1880, aged —.

Dr. Charles A. Robertson, Albany, died April 1, 1880, aged 51.

Dr. Lake I. Tefft, Syracuse, Onondaga county, died May 10, 1880, aged 83.

Dr. John F. Whitbeck, Rochester, Monroe county, died December 8, 1880, aged 68.

Suitable obituaries will be prepared and presented to the Society, according to our usual custom.

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# MEMBERS IN ATTENDANCE AT THE ANNUAL MEETING OF 1881.

## DELEGATES.

*Albany County:*
J. D. Featherstonhaugh, Cohoes.
Thomas Helme, McKownsville.
Jos. W. Moore, Cohoes.
Eugene Van Slyke, Albany.

*Medical Department Union University:*
Samuel B. Ward, Albany.

*Allegany County:*
W. W. Crandall, Andover.

*Broome County:*
L. D. Witherill, Union.

*Cayuga County:*
J. P. Creveling, Auburn.
John Gerin, Auburn.

*Chautauqua County:*
Harris B. Osborne, Sherman.
H. R. Rogers, Dunkirk.

*Chemung County:*
William Woodward, Big Flats.

*Chenango County:*
M. D. Spencer, Guilford.

*Clinton County:*
L. C. Dodge, Rouse's Point.

*Columbia County:*
M. L. Bates. Canaan Four Corners.

*Delaware County:*
Ira Wilcox, Franklin.

*Dutchess County:*
Edwin Barnes, Pleasant Plains.
Alfred Hasbrouck, Poughkeepsie.

*Erie County:*
E. N. Brush, Utica.
Thos. M. Johnson, Buffalo.
Henry Lapp, Clarence.

*Essex County:*
Conant Sawyer, Au Sable Forks.

*Franklin County:*
A. M. Phelps, Chateaugay.

*Fulton County:*
John E. Burdick, Rockwood.

*Genesee County:*
W. W. Potter, Batavia.

*Greene County:*
Charles E. Willard, Catskill.

*Herkimer County:*
A. J. Browne, Newport.

*Jefferson County:*
James D. Spencer, Watertown.

*Kings County:*
Frank W. Rockwell, Brooklyn.
John D. Rushmore, Brooklyn.
William Wallace, Brooklyn.
Benj. F. Westbrook, Brooklyn.

*Lewis County:*
Wm. H. Johnson, Port Leyden.

*Madison County:*
H. W. Carpenter, Oneida.
I. N. Goff, Cazenovia.

*Monroe County:*
J. O. Roe, Rochester.
Charles S. Starr, Rochester.
J. W. Whitbeck, Rochester.

*Montgomery County:*
Wm. H. Robb, Amsterdam.

*New York County:*
L. D. Bulkley, New York.
C. S. Bull, New York.
Geo. Henry Fox, New York.
Walter R. Gillette, New York.
Allan McLane Hamilton, New York.
Laurence Johnson, New York.
Daniel Lewis, New York.
Arthur V. B. Lockrow, New York.
Thos. R. Pooley, New York.
Alfred C. Post, New York.
John S. Warren, New York.
David Webster, New York.

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*College of Physicians and Surgeons:*
John C. Dalton, New York.

*Niagara County:*
M. S. Kittinger, Lockport.

*Oneida County:*
J. S. O'Hara, Utica.
H. C. Palmer, Rome.
George Seymour, Utica.

*Onondaga County:*
Henry B. Allen, Baldwinsville.

*Medical College, Syracuse University:*
Wm. T. Plant, Syracuse.

*Ontario County:*
F. R. Bentley, Cheshire.

*Oswego County:*
N. W. Bates, Central Square.
D. Pardee, Fulton.

*Otsego County:*
H. T. Harris, Laurens.

*Putnam County:*
J. Q. Adams, Carmel.

*Rensselaer County:*
W. S. Cooper, Troy.

*St. Lawrence County:*
Lucius D. Felton, Potsdam,
C. M. Wilson, Gouverneur.

*Schenectady County:*
Maurice Perkins, Schenectady.

*Schoharie County:*
W. S. Layman, Schoharie.

*Seneca County:*
John B. Chapin, Willard.

*Steuben County:*
M. J. Baker, Hornellsville.

*Tompkins County:*
A. D. Simonds, Etna.

*Ulster County:*
E. H. Loughran, Kingston.

*Warren County:*
Daniel B. Howard, Warrensburgh.

*Washington County:*
John Lambert, Salem.
Theodore C. Wallace, Cambridge.

*Wayne County:*
J. E. Smith, Clyde.

*Westchester County:*
N. H. Freeland, Tarrytown.
John J. Linson, Tarrytown.
Samuel G. Swift, Yonkers.

*Wyoming County:*
George M. Palmer, Pike.

## PERMANENT MEMBERS.

C. R. Agnew, New York.
H. R. Ainsworth, Addison.
Judson B. Andrews, Buffalo.
George W. Avery, Norwich.
Alexander Ayres, Fort Plain.
Chas. G. Bacon, Fulton.
Jas. S. Bailey, Albany.
Wm. H. Bailey, Albany.
N. H. Ballou, Mechanicsville.
L. Barton, Willsborough.
Eugene Beach, Gloversville.
Frank D. Beebee, Hamilton.
R. B. Bontecou, Troy.
J. R. Boulware, Albany.
I. I. Buckbee, Fonda.
M. H. Burton, Troy.
Thompson Burton, Fultonville.
J. E. Casey, Mohawk.
W. M. Chamberlain, New York.
James Chapman, Medina.
A. Churchill, Utica.
George W. Cooke, Otego.
Wm. H. Craig, Albany.
H. S. Crandall, Leonardsville.
A. S. Cumming, Cayuga.
A. J. Dallas, Syracuse.
John Davidson, Hempstead.
Theodore Dimon, Auburn.
G. W. Earll, Skaneateles.
W. S. Ely, Rochester.
Nelson Fanning, Catskill.
E. D. Ferguson, Troy.
Wm. Fitch, Dryden.
Robert Frazier, Camden.
S. H. Freeman, Albany.
S. H. French, Amsterdam.
P. R. Furbeck, Gloversville.
Wm. Govan, Stony Point.
J. B. Graves, Corning.
John P. Gray, Utica.

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F. S. Greene, Coxsackie.
Thos. Hammond, Dover Plains.
Elisha Harris, New York.
Jacob Hunt, Utica.
N. C. Husted, Tarrytown.
Alex. Hutchins, Brooklyn.
Joseph C. Hutchison, Brooklyn.
James C. Hutchison, Troy.
A. Jacobi, New York.
Ferris Jacobs, Delhi.
J. F. Jenkins, Yonkers.
Harvey Jewett, Canandaigua.
J. V. Kendall, Baldwinsville.
C. Henry King, Stapleton.
H. Knapp, New York.
J. K. Leaning, Fly Creek.
Joseph Lewi, Albany.
A. J. Long, Whitehall.
E. M. Lyon, Plattsburgh.
Leroy McLean, Troy.
Henry March, Albany.
Arthur Mathewson, Brooklyn.
Jacob S. Mosher, Albany.
B. A. Mynderse, Schenectady.
Clark A. Nicholson, Beekman.
D. V. O'Leary, Albany.
Wm. Oliver, Penn Yan.
Wm. H. H. Parkhurst, Frankfort.
F. B. Parmele, Greenbush.
H. G. Piffard, New York.
C. H. Porter, Albany.
H. N. Porter, New York Mills.
J. S. Prout, Brooklyn.
P. V. S. Pruyn, Kinderhook.
J. M. Rose, West Winfield.
Wm. P. Seymour, Troy.
John P. Sharer, Little Falls.
B. F. Sherman, Ogdensburgh.
Geo. F. Shrady, New York.
George C. Smith, Rondout.
Wm. Manlius Smith, Manlius.
Norman L. Snow, Albany.
E. R. Squibb, Brooklyn.
C. L. Stiles, Owego.
E. V. Stoddard, Rochester.
S. O. Vander Poel, Albany.
A. Vanderveer, Albany.
Sol. Van Etten, Port Jervis.
R. H. Ward, Troy.
Wm. C. Wey, Elmira.
J. H. Wheeler, Athens.
S. G. Wolcott, Utica.

## DELEGATES FROM OTHER STATE SOCIETIES.

*Massachusetts Medical Society*—Clarkson T. Collins, Great Barrington, Mass.

## INVITED GUESTS.

J. N. Arnold, Clyde.
Theodore P. Bailey, Albany.
O. D. Ball, Albany.
E. A. Bartlett, Albany.
John M. Bigelow, Albany.
John P. Boyd, Jr., Albany.
E. E. Brown, Bethlehem Centre.
D. C. Case, Slingerlands.
H. S. Case, Albany.
C. C. Chaffee, Springfield, Mass.
F. L. R. Chapin, Glens Falls.
P. B. Collier, Albany.
D. H. Cook, Albany.
F. C. Curtis, Albany.
S. G. De La Mater, Duanesburgh.
Edwin Evans, Rome.
H. I. Fellows, Albany.
Henry Foord, Cazenovia.
Amos Fowler, Albany.
H. A. Gates, Delhi.
Wm. Geoghan, Albany.
J. W. Gould, Albany.
Wm. Hailes, Jr., Albany.
Lorenzo Hale, Albany.
C. J. Hall, Norway.
C. W. Hamlin, Middleville.
A. B. Huested, Albany.
D. M. Lee, Oxford.
Maurice J. Lewi, Albany.
Alfred Mercer, Syracuse,
C. S. Merrill, Albany.
S. R. Morrow, Albany.
Frank G. Mosher, Albany.
W. H. Murray, Albany.
G. H. Newcomb, Albany.
M. R. C. Peck, Albany.

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N. L. Pierson, Schenectady.
O. D. Pomeroy, New York.
Otto Ritzmann, Albany.
R. H. Sabin, West Troy.
E. L. St. John, Centre Brunswick.
E. C. Seguin, New York.
W. P. Seymour, Troy.
C. L. Squire, Elmira.
H. R. Starkweather, Albany.
B. U. Steenberg, Albany.
John B. Stonehouse, Albany.
A. P. Ten Eyck, Defreestville.
E. B. Teft, Albany.
John Thompson, Albany.
L. A. Tourtellot, Utica.
Franklin Townsend, Jr., Albany.
T. M. Trego, Albany.
Willis G. Tucker, Albany.
G. L. Ullman, Albany.
S. O. Vander Poel, Jr., Albany.
A. T. Van Vranken, West Troy.
L. A. Van Wagner, N. Brookfield.
D. N. Walker, Ilion.
Edmund C. Wendt, New York.
L. B. Winne, Albany.

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# PROCEEDINGS

OF THE

# MEDICAL SOCIETY OF THE STATE OF NEW YORK,

AT ITS

## SEVENTY-FIFTH ANNUAL MEETING,

HELD IN

*Geological Hall, Albany, February 1st, 2d and 3d,* 1881.

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### FIRST DAY—MORNING SESSION.

The Society was called to order by the President, Wm. H. Bailey, of Albany, at 10 h. 30 m. A. M., Tuesday, February 1st, 1881.

Prayer was offered by Rev. Walton W. Battershall, D.D.

The inaugural address was then delivered by the President, who, at its close, announced the following committees:

*Business Committee*—A. Vanderveer, W. W. Potter, C. L. Stiles.

*Committee on Credentials*—B. F. Sherman, G. W. Cooke, C. E. Willard.

A recess was then taken for the purpose of allowing members to register;

After which the Committee of Arrangements through their Chairman, Dr. S. B. Ward, of Albany, proposed the names of several gentlemen, who were thereupon, by vote of the Society, received as invited guests.*

Communications from County Medical Societies having been called for, Dr. Laurence Johnson presented three communica-

*The names of these gentlemen, and of all the others who during the meeting were received as guests, are given in the list of Invited Guests on pages 15 and 16.



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tions from the Medical Society of the County of New York, as follows:

I.

*To the Medical Society of the State of New York:*

At an adjourned annual meeting of the Medical Society of the County of New York, held November 22d, 1880, the following resolution was adopted:

*Resolved*, That the report of the Committee on Ethics be adopted, and that the Medical Society of this State be requested to revise the Codes of Ethics by which the profession of this State are governed.

WESLEY M. CARPENTER, Secretary.

On motion of Dr. H. G. Piffard, this communication was laid on the table till to-morrow.

II.

*To the Medical Society of the State of New York:*

At a stated meeting of the Medical Society of the County of New York, held January 24th, 1881, the following resolution was adopted:

*Resolved*, That the Delegates to the State Medical Society be instructed to request the State Medical Society to inquire into the expediency of abolishing the clause in the Revised Statutes, Volume II, page 406, which reads "No person duly authorized to practice physic and surgery shall be allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."

P. BRYNBERG PORTER, M. D., Assistant Secretary.

NEW YORK, January 31, 1881.

This communication, on motion of Dr. Wm. Govan, was laid on the table till to-morrow.

III.

*To the Medical Society of the State of New York:*

At a stated meeting of the Medical Society of the County of New York, held January 24th, 1881, the following resolution was adopted:

*Resolved*, That the delegates to the State Medical Society be instructed to move to amend clause 8 of the Act of 1806 and clause 13 of the Act of 1813, so as to read, "*shall not exceed the sum of fifty thousand dollars*," instead of "*one thousand dollars*"; applying only to the Medical Society of the County of New York.

P. BRYNBERG PORTER, M. D., Assistant Secretary.

NEW YORK, January 31, 1881.

This communication was referred to the Committee on Legislation.

The Committee on By-Laws, by one of its members, Dr. A. Hutchins, reported with reference to resolutions offered last year, (See Trans. 1880, p. 41,) as follows:

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The Committee on By-Laws, to whom was referred the resolutions of Dr. L. D. Bulkley, of New York, touching the reference of all business matters of the Society to an Executive Committee without discussion, report that, considering the infrequent meetings of the Society, the fact that the Society, by its essential construction, must largely consider medical policy in the State, and that members might desire free information on, and discussion of such general matters, it is, perhaps, inexpedient for the Society, at this time, to make so radical a change in its order of transaction of business, and the Committee on By-Laws cannot recommend the adoption of the resolutions.

Signed, WM. C. WEY,
ALEX. HUTCHINS.

On motion of Dr. Piffard, this report was received and the conclusions of the Committee adopted.

Dr. Wey, Chairman of Committee on By-Laws, reported as follows:

I.

The Committee on By-Laws respectfully report, that they have examined and approved certain changes in the By-Laws of the Medical Society of the County of New York, adopted at the annual meeting of said Society in October, 1880, as in conformity with the Laws of the State and the By-laws, Rules and Regulations of the Medical Society of the State of New York, and recommend the passage of the following resolution:

*Resolved*, That the above mentioned changes in the By-Laws of the Medical Society of the County of New York be, and the same are hereby approved and sanctioned by this Society.

WM. C. WEY,
February 1, 1881. ALEX. HUTCHINS.

II.

The Committee on By-Laws respectfully report, that they have examined and approved the By-Laws of the Medical Society of the County of Chemung, adopted January, 1881, as in conformity with the Laws of the State, and the By-Laws, Rules and Regulations of the Medical Society of the State of New York, and recommend the passage of the following resolution:

*Resolved*, That the By-Laws of the Medical Society of the County of Chemung be and the same are hereby approved and sanctioned by this Society.

WM. C. WEY,
February 1, 1881. ALEX. HUTCHINS.

III.

The Committee on By-Laws respectfully report that they have examined, corrected and approved the By-Laws of the Medical Society of the County of Broome, recently adopted, as in conformity with the Laws of the State, and the By-Laws, Rules and Regulations of the Medical Society of the State of New York, and recommend the passage of the following resolution:—

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*Resolved*, That the By-Laws of the Medical Society of the County of Broome be and the same are hereby approved and sanctioned by this Society.

WM. C. WEY,
February 1, 1881. ALEX. HUTCHINS.

These several reports were, on motion of Dr. Piffard, received, and the resolutions adopted.

The Committee of Arrangements, by its Chairman, S. B. Ward, here introduced to the Society Dr. Clarkson T. Collins, delegate from the Massachusetts Medical Society. Dr. Collins made a brief address of greeting.

Dr. E. R. Squibb moved that this Society send two delegates to the International Medical Congress which meets this year in London, and that the selection of the delegates and of two alternates, be made by the Committee of Nomination. The motion was carried.

The Business Committee recommended that a committee of three be appointed on the President's address, to report at this meeting. The recommendation was adopted.

The reading of papers was then announced by the Business Committee.

Dr. David Webster, of New York, read a paper, "Sympathetic Neuro-Retinitis." It was discussed by Dr. T. R. Pooley.

Dr. N. L. Snow, of Albany, read a paper, "Lithotripsy, with Entire Removal of Fragments at Same Sitting by Bigelow's Aspirator."

Dr. O. D. Pomeroy, of New York, an invited guest, gave a description of "A New Ear and Throat Mirror," and of "A New Modification of the Ear Syringe." This communication was, by vote of the Society, referred to the Committee of Publication.

Dr. A. McLane Hamilton read a paper, "Upon the Significance of Facial Hairy Growths among Insane Women."

Dr. C. S. Bull read a paper, "Contribution to the Pathology of Orbital Tumors." It was discussed by Dr. T. R. Pooley.

Dr. L. D. Bulkley read a paper, "Favus and its Treatment by a New Method of Depilation." It was discussed by Drs.

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E. R. Squibb, H. G. Piffard, H. Jewett, J. B. Graves, and L. D. Bulkley.

The following papers were read by title by the Business Committee.

"Obituary Notice of Dr. Daniel Golden Thomas," by Dr. S. G. Wolcott.

"Obituary Notice of Dr. John V. Lansing," by Dr. A. Vanderveer.

"Acute Primary Synovitis of the Hip," by Dr. V. P. Gibney.

"Case of Fracture of two Ribs of the Right Side, Perforation of the Lung, with Emphysema of the Chest, Colles' Fracture of the Right Forearm; Perfect Recovery," by Dr. Joshua B. Graves.

On motion, the Society adjourned till afternoon.

## FIRST DAY—AFTERNOON SESSION.

The meeting was called to order at 3 h. 25 m. P. M.; President Bailey in the chair.

The Treasurer read his annual report, which was referred to an Auditing Committee, consisting of F. B. Parmele, E. M. Lyon, J. D. Spencer. This Committee subsequently reported that they had examined the report, and found it correct.

The Treasurer also read his report as Treasurer of the Merritt S. Cash Prize Fund, and also his report as acting Librarian, which were accepted by the Society.

Dr. J. O. Roe, of Rochester, read a paper on "Nasal Stenosis," which was discussed by Dr. O. D. Pomeroy, of New York.

The following papers were then read by title:

"The Forceps," by Dr. T. H. Squire.

"Obituary of Dr. H. K. Bellows," by Dr. G. W. Avery.

Dr. Arthur Mathewson, of Brooklyn, read a paper, "Brief Remarks on Transplanting Large Pieces of Skin, without a Pedicle."

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The President then announced the following as the Committee of Nomination:

*From the Society at Large*—John P. Gray, of Utica.
*Elected by the several Senatorial District meetings:*
First District—H. G. Piffard, of New York.
Second District—William Govan, of Stony Point.
Third District—Le Roy McLean, of Troy.
Fourth District—L. C. Dodge, of Rouse's Point.
Fifth District—Charles G. Bacon, of Fulton.
Sixth District—H. R. Ainsworth, of Addison.
Seventh District—Theodore Dimon, of Auburn.
Eighth District—W. W. Potter, of Batavia.

The President appointed A. Hutchins, of Brooklyn, H. Jewett, of Canandaigua, and S. G. Wolcott, of Utica, a Committee on the President's Address.

Dr. L. E. Felton, of Potsdam, read a paper, "Medical Induction Coils."

Dr. Daniel Lewis, of New York, read a paper, "Dressing the Umbilical Cord."

Dr. T. R. Pooley, of New York, read a paper, "Perichondritis Auriculae."

Dr. W. W. Potter read a paper, "The Surgical Treatment of Epithelioma of the Cervix Uteri." It was discussed by Drs. Squibb and Graves.

The following paper was read by title.

Obituary Notice of Dr. Levi Moore, by Dr. J. M. Bigelow.

The Business Committee announced that the Society would assemble in the evening, to listen to an address by Prof. Wm. Hailes, Jr., of the Medical Department of Union University.

Dr. H. G. Piffard, of New York, read the report of the Committee on Legislation, which was accepted and adopted by the Society, on motion of Dr. Wm. C. Wey.

A communication was read by the Secretary from Clark Bell, Esq., delegate to this Society from the Medico-Legal Society

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of New York, asking the Society to appoint him an hour for addressing it upon the topic of "Needed Reforms in the Laws of this State regarding the Office of Coroner." The communication was referred to the Business Committee to fix the time, and the Secretary was directed to announce the same to Mr. Bell.

The Society then adjourned.

## FIRST DAY—EVENING SESSION.

The Society was called to order at 8 h. 15 m. P. M., by Vice-President A. Jacobi.

Prof. Wm. Hailes, Jr., of the Medical Department, Union University, then addressed the Society, his topic being "A Plea for more Practical Work in the Laboratories of our Medical Schools." His address was copiously illustrated with magnified views from microphotographs, thrown upon a screen by the aid of the oxyhydrogen light. The various changes that the egg of the hen undergoes in the first one hundred hours of incubation were thus exhibited. Views of an improved form of microtome, cutting extremely thin sections, and of apparatus used in the histological laboratory of the Albany Medical College were also shown.

At the close of this address the meeting adjourned.

## SECOND DAY—MORNING SESSION.

The Society was called to order at 10 h. A. M., by the President.

Prayer was offered by Rev. T. Harwood Pattison, D.D.

The minutes of yesterday's meetings were read by the Secretary and approved.

Dr. A. Jacobi moved a vote of thanks to Prof. William Hailes, Jr., for the interesting entertainment of last evening. The motion was carried.

Dr. C. S. Starr, of Rochester, presented a communication from the Monroe County Medical Society, as follows:

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## COPY OF RESOLUTIONS ADOPTED BY THE MONROE COUNTY MEDICAL SOCIETY AT ITS ANNUAL MEETING IN 1880.

*Resolved*, That the Transactions of our State Medical Society, as now published, do not reach the profession at large, nor command such an influence as is their due.

*Resolved*, That in our view, the plan pursued by the British Medical Association of having an official organ in which, within three weeks, the full proceedings of the Society, at merely a nominal cost, appear, is far preferable to a bound volume of the Transactions first appearing months after the meeting.

*Resolved*, That we, as a Society, hope that the State Society, at its next annual meeting, will take into consideration this subject and see if by some arrangement with one or more reputable medical journals, its proceedings cannot be more widely circulated than by the present plan.

*Resolved*, That our delegates to the State Society present these resolutions at its next annual meeting, and commend them to its consideration by committee or otherwise.

This communication was, on motion, referred to a special committee of three to be selected by the Committee of Nomination, and to report at the next annual meeting as to what change, if any, it is desirable to make in the manner of publishing the Transactions.

The Committee on the President's Address reported, through their Chairman, Dr. A. Hutchins, as follows:

The Committee appointed to examine and report on the President's Inaugural, respectfully present: That they have carefully examined the address and the suggestions therein, and would recommend the Society's action on the matters therein presented.

1st. In regard to co-operation with the State Board of Health—

Neither the law under which the State Board of Health is organized, nor the relation of the State Medical Society to its constituents, the County Medical Societies, permit any mandatory action on the part of this Society, yet the functions of the State Board of Health are so important and far-reaching that the Committee recommend action of this Society as embodied in the following resolution:

*Resolved*, That the County Medical Societies of the State be requested to instruct their Committees on Hygiene, or Public Health, to put themselves into such relations with the State Board of Health as shall facilitate the acquiring by said Board of such local or general information as it may require.

2nd. Referring to the interpretation of § 3, Sect. 1, Chap. 746 Laws of 1872:

The President declares that competent legal authority has decided that the words, "*Each* of the systems of practice represented by the several Medical Societies of this State," mean "ALL the systems," &c. This being true, the Committee recommend the passage of the following resolution:

*Resolved*, That the Committee on Legislation be instructed to procure such change

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in the phraseology of § 3, Sect. 1, Chap. 746 Laws of 1872, as shall obviate the legal construction referred to in the address.

3d. Relating to such changes in the Code of Ethics of the State Society as shall bring it into harmony with the present and changed condition of the profession:

The Committee present that this suggestion of the President opens up an immense range of inquiry, and do not feel that it would be competent or prudent to make at this time any radical propositions, but the Committee offer the following resolution for the consideration of the Society:

*Resolved*, That a Special Committee of five be appointed by the President, to be designated a "Committee on the Code of Ethics," whose duty it shall be to consider the whole question of desirable changes in the Code, and who shall present to the Society at the session of 1882 such suggestions on this subject as their observations and investigations may direct.

Respectfully submitted,

ALEX. HUTCHINS,
HARVEY JEWETT,
SAMUEL G. WOLCOTT.

On motion, the report was received and the resolutions adopted.

On motion of Dr. Wm. C. Wey, the special Committee on the Code of Ethics was empowered to fill vacancies that might occur in it.

Dr. B. F. Sherman, from the Committee on Credentials, after reading Sections 3d and 5th, Article VI of the By-Laws, and making some explanations with regard to the case, moved that Geo. C. Smith, of Rondout, be re-instated as a permanent member. This motion was seconded and carried.

Dr. A. Jacobi read a report as Censor of the Medical College, Syracuse University. The report was received and referred to the Committee of Publication.

Dr. Wm. Manlius Smith read a report as delegate to the Convention for revising the Pharmacopœia. The report was received, and the expenses of the delegate directed to be paid by the Treasurer.

The Committee on Ethics reported, through Dr. C. R. Agnew, its Chairman. The report was accepted and adopted.

Dr. A. Jacobi, as Chairman of Committee to Co-operate with the Society for the Prevention of Cruelty to Children made a report.

Dr. Squibb moved, and the motion was carried, that the

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report be accepted, that the Committee be continued, that the suggestions of the Committee be adopted by the Society, and referred to the Committee to carry out.

Dr. John C. Dalton, Chairman, read the report of the Committee on Experimental Medicine, as follows:

The Committee on Experimental Medicine, appointed at the last annual meeting, report: That they organized soon after their appointment, in accordance with the instructions of the Society, and that since that time they have paid constant attention to the attacks of non-professional agitators against the experimental method of investigation in Medicine. The Anti-Vivisection bill, introduced into the Legislature of 1880, at the instance of the President of the American Society for the Prevention of Cruelty to Animals, and which was opposed by the united influence of the Medical Societies and Colleges of the State, was adversely reported by the Judiciary Committee to which it had been referred, and promptly rejected by the Assembly. Notwithstanding this, a new bill from the same source, and identical in its terms with the former one, has been introduced into the present Legislature and referred, in both branches, to the Committee on Public Health; so that the Committee on Experimental Medicine are still occupied with the subject, and it is plain that abundant necessity exists for continued vigilance.

Dr. S. O. VANDER POEL, of Albany, then said: Mr. President: The Chairman of the Committee has omitted an important part of the report, as agreed upon by the Committee, and that is, that the Chairman suggest to the Society that the members themselves impress upon their representatives in the Legislature the propriety of preventing the passage of this act. It will not do to remain passive in the matter. The Chairman probably omitted the suggestion unintentionally.

Dr. E. R. SQUIBB—Mr. President: I rise to move that the partial report of the Committee, as it may be considered, be accepted and adopted, and take the usual reference. Then, after that, I have a motion to make in regard to continuing the Committee. (Seconded.)

Dr. B. F. SHERMAN—Mr. President: I desire to make a suggestion. I think the best way to meet this question is not as a society, not as a body, not as a committee, but individually. There is not a member here but has more or less influence with his representative. I will vouch for four members, as good as there are in the Assembly, and one Senator, that they will never pass the measure, and if each member of the Society will do the same, it will never pass further than it has now.

Dr. M. PERKINS: Mr. President—I think, sir, it is the duty

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of every member of the Society the moment the election is through in the fall, to see the representative nearest to him and fix him in this matter. It is a thing I have done myself every year. I waited to see which man got in and then I went and saw him, and my man has always voted straight.

Dr. S. O. VANDER POEL—Let us know your methods, please.

Dr. M. PERKINS—If I can not get him myself I go to the family physician, and he knows the skeleton in the house, and I get him to work for it. He sees him before he comes to Albany, and that is the best way to do it.

Dr. I. N. GOFF—Better start it in the caucus.

Dr. J. S. MOSHER: Mr. President—In carrying out the suggestions of the Committee, I would say that so far as I have consulted with parties who have a vote upon the matter each year, there is an idea that Bergh does not want this bill passed. It is thought that Bergh is putting this bill up to please the hobbyists. Their society is in want of something to keep up their enthusiasm, to prevent a falling off, and it is thought that by his putting this bill up, it will get more backers. I think the knowledge of this will defeat the bill. I think every member of the Society should prevent its passing, if possible, for if it passes we all know how strictly it would be enforced.

Dr. ROBERT FRAZIER, of Camden: Mr. President—The idea of caucusing members may be all right so far as power is concerned, and in this case I think it is, but the system of caucusing and the manner of caucusing, I think, needs a little consideration on this and every other subject. If I could only go to a member of the Legislature and caucus my case through, I do not know that I would feel very high-toned after I had succeeded. And then, again, when we go to our friends in the Legislature, how are we to caucus them if we go only with a smiling face and we stand not on a logical ground? Our case is hopeless if we do not have a righteousness to our cause. Now, then, there is a logical consideration to draw from our cause, if right; if wrong, we can stand only on influence and pleasantry. Now, when Bergh says these are useless experiments, who judges about their being useful or use-

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less? Does Bergh know more as to whether they are useless or useful, than the scientific men engaged in that pursuit from necessity? The thing is weak in itself for Bergh to set himself up for a high authority and judge of the matter. Look at the weakness of that miserable grub that sets himself up above the scientific men of the world. He goes on to talk about the great cruelty it is, how sensitive to pain they are, and you know that as you go down the scale of beings their sensitiveness grows less. I want to be logical and show up his weakness and our strength.

Dr. E. R. SQUIBB: Mr. President—The question is now on the adoption. After the report is adopted, if adopted, I shall have a motion to make.

Dr. Squibb's motion was carried unanimously.

Dr. E. R. SQUIBB then said: Mr. President—We all know it is one of the beneficent results of enthusiasm that it never sleeps. Its vigilance is persistent and continuous. Now, such vigilance can only be met on our part with corresponding vigilance, and when facts can be set in front of statements there need be no fear of enthusiasm. We depend on enthusiasm for a good deal of the influence we have. We believe enthusiastic Bergh is wrong. We must watch him and present facts to legislators, not by way of caucus, but to those members who go to the Legislature to vote. I now move:

That the Committee on Experimental Medicine be requested to continue in the work for which they were appointed, and that each member of the Society be requested to use his influence with his patients and representatives in the same direction.

That is, influence in the way of presenting facts in the case, and not let them be befogged by an enthusiast in the matter. Those are the points. I do not desire to take up any more of our valuable time. This resolution embodies the idea that the members expressed so well.

Dr. CHAMBERLAIN—Mr. President: This matter comes up identically the same, year after year. The ground made by one physician is lost and has to be recovered again year after year. In conversation with a member of the Assembly from

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the city of New York, last evening, he stated to me his personal want of information on this question, and the fact that the sense of the community was easily manipulated in favor of assumed humanitarian impulses. The difficulty of resisting appeals made on this ground lies in the want of proper information on their part, and I think that the desirability of their having proper information should be submitted. Pursuing the idea of Dr. Squibb's resolution, or motion, I would suggest that the Secretary of this Society be instructed to put in print any material which this Committee may present to him, and to forward it to the Legislature for their consideration previous to the time when this question shall come up before the Legislature. And I make that motion in pursuance of Dr. Squibb's resolution, that the Secretary of this Society be instructed to receive and put in print any material which this Committee may prepare for the instruction and information of the Legislature, and forward the same to the Legislature.

Dr. VANDERVEER—Mr. President: I would recommend that the communication go direct to the Public Health Committee. This bill was referred to that committee, and there is some doubt as to whether it will be reported. I move, as an amendment, that the communication be addressed to the Committee on Public Health.

Dr. E. R. SQUIBB—Mr. President:—I made the motion for discussion. I wish to reach that Committee on Public Health with the authority of this Society. Dr. Chamberlain's proposition is to do this by sending printed information, and that I accept, as well as Dr. Vanderveer's amendment that it be sent to the Committee on Public Health.

The motion as amended was reduced to writing, as follows:

*Resolved*, That the Committee on Experimental Medicine be requested to continue in the work for which they were appointed; and that each member of the Society be requested to use his influence with his patients and Representatives in the same direction.

*Resolved*, That the Secretary of this Society be instructed to procure the printing and transmission to the Committee, of the Senate and of the Assembly, on Public Health, of any matter relating to the Vivisection bill that may be offered by the Committee of this Society on Experimental Medicine.

These resolutions were unanimously adopted.

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Dr. A. C. POST—Mr. President: I offer the following:

*Resolved*, That it is the unanimous opinion of this Society that the bill to prevent vivisection ought not to pass.

*Resolved*, That the above resolution be signed by the President and Secretary, and forwarded to the Committee of the Legislature on Public Health.

Dr. FRAZIER—I second the motion, and suggest that the members rise when they vote.

The PRESIDENT—You have heard the suggestion of Dr. Frazier, and as you vote will you all be kind enough to rise to your feet?

The resolutions were adopted unanimously by a rising vote.

Dr. Laurence Johnson moved that the first communication from the Medical Society of the County of New York, yesterday tabled, be now taken up. The motion was carried, and the communication referred to the special Committee on the Code of Ethics.

Dr. Johnson also called up the second communication from the Medical Society of the County of New York, and it was referred to the Committee on Legislation, to be reported upon next year.

Dr. W. C. Wey introduced the following:

*Resolved*, That this Society recommend that the County Societies empower their several Boards of Censors to take such measures as may be necessary to carry into effect the Medical Act of May 29th, 1880.

The resolution was adopted.

Dr. Daniel Lewis, of New York, introduced the following:

*Resolved*, That no County Society can consider applications for membership from persons who are members of County Medical Societies not represented in this Society.

The resolution was adopted.

Dr. E. R. Squibb offered the following resolution, which was adopted:

*Resolved*, That the Committee of Publication be directed to print five hundred extra copies of the report of the Committee to Co-operate with the Society for the Prevention of Cruelty to Children.

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The Business Committee then read by title:

"Report of Committee on Hygiene," by Dr. E. V. Stoddard.

"Thoughts on Sanitation," by Dr. Harvey Jewett.

"Biographical Sketch of Dr. Alfred Bolter, M. D.," by Dr. James C. Carson.

Dr. A. C. Post, of New York, then read a paper, "Cicatricial Contraction of Thumb and Fingers and the Palm of the Hand Resulting from a Burn." It was discussed by Drs. Mathewson, Vanderveer, Creveling and Post.

Dr. J. S. Warren, of New York, read an abstract of a paper on "The Hystero-Neurosis of the Stomach in Pregnancy and its Management," which was discussed by Drs. W. S. Ely, A. C. Post, W. W. Potter, W. Woodward, R. H. Sabin and H. B. Osborne.

The Business Committee announced that a telegram had been received from Mr. Clark Bell, and that he would address the Society to-morrow morning.

The Society then adjourned.

## SECOND DAY—AFTERNOON SESSION.

The Society was called to order at 2 h. 30 m. P. M., by the President.

Dr. H. G. Piffard read an abstract of a paper on "Medicinal Eruptions." It was discussed by Drs. Bulkley, Post, Piffard, Squibb and Dimon.

[This paper constitutes a portion of Vol. II of "Wood's Library of Standard Medical Authors for 1881," and will not be published in the Transactions. Hence the discussion on it is here inserted.]

### *Discussion.*

Dr. L. D. BULKLEY, of New York: Mr. President—I think the Society owe a very great deal to Dr. Piffard, for the enormous amount of work he has done in the preparation of this paper. The subject of the distinction between eruptions produced by drugs and those of ordinary diseases of the skin, is one of very great importance, inasmuch as the practitioner might frequently mistake them and cause

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needless anxiety. Although many drugs have been mentioned as occasionally producing lesions of the skin, there are practically but a few which it is necessary to bear constantly in mind; these are copaiba, quinine, chloral, and salicylic acid or its compounds, named in the order of their importance in this respect.

The most important medicinal eruption to bear in mind is that from copaiba, inasmuch as it is so liable to be confounded with the early erythematous eruption of syphilis. Thus, a patient has contracted venereal disease, and there may be reason to believe that he has a chancre. He may, at the same time, have an urethral discharge, for which copaiba is prescribed in some mixture. An erythematous eruption appears, and if the existence of the possible cause is not understood and borne in mind, it is at once put down as that of syphilis, and the patient is now regarded as syphilitic, with all the prospects which that diagnosis entails, whereas the sore may have been a chancroid or progenital herpes, and the eruption wholly due to the copaiba. This has frequently happened. The next most frequent medicinal eruption is probably that from quinia, which it is well to bear in mind, as it may at times resemble the exanthèmata. This may especially occur, if, for instance, a person has a cold in the head, with coryza, sneezing, etc., during which quinine has been taken, perhaps freely, when suddenly an eruption appears, which may at times resemble that of measles. If the possibilities of a quinine eruption are not borne in mind, the diagnosis is almost irresistibly that of measles. Chloral eruptions also resemble that of measles, and sometimes are perplexing, and this cause, as well as salicylic acid and its compounds, should never be forgotten when an anomalous eruption is observed. It is well, indeed, in these cases always to first inquire into causes from drugs, to eliminate this element if possible.

In regard to arsenic, I have seen zoster or herpes zoster occur during the administration of arsenic so many times that there seemed to be a causative relation; but this is not an important point, inasmuch as the eruption is a self-limited one, and the cases caused by arsenic do not differ from those from other causes, as cold.

Dr. A. C. POST, of New York: Mr. President—I wish to speak of one particular article occasionally used as an aliment,—the liver of the halibut. When I was house surgeon of the New York Hospital, a sailor came in with a very severe desquamative dermatitis. He had been attacked with violent vomiting after eating halibut liver. His skin was intensely red and swollen, and covered with fine bran-like scales. He said a companion had eaten of it at the same time, and died from the effects of it. I had forgotten this incident, but my attention was recalled to it many years after by my personal experience. I, myself, partook of halibut liver, and one of my children also. The child ate sparingly and had a slight attack. I had a severe attack, and the whole surface of my body was attacked with an eruption similar to that of the sailor, who had been under my care in the New York Hospital. The attack was ushered in by febrile symptoms, with headache and nausea.

Dr. H. G. PIFFARD, of New York: Mr. President—There is one case on record of a man who had eaten stale liver of eel; he broke out with an eruption and lived only forty-eight hours.

Dr. E. R. SQUIBB, of Brooklyn: Mr. President—There is in all such statistics as these, one element which must not be left out, though very difficult to get at, and that is the proportion of cases in which the eruptions occur to the whole quantity of the drug given. Now, the consumption of sulphate of quinia in this country can hardly be less than 6000 to 8000 ounces a month, and is more likely to be double that quantity. This gives an enormous number of cases in the aggregate, from which the few cases of eruption come.

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Another drug among these enumerated as giving rise to eruption, is in very large use, namely, chloral. The tons of this drug used annually makes the number of cases of eruptions very small in proportion to the aggregate number of cases of its use.

When the proportion of cases of eruption is so very small, the doubt must arise whether they are really caused by the drug, or by something else,—as by articles of food, or from some complex causative into which the drug may or may not enter; and into which it enters, if at all, as a secondary element in the causation, rather than as a primary cause of the eruptions.

Dr. H. G. PIFFARD: Mr. President—These effects are rare and unusual. The connection of the drug with the eruption was thoroughly established. The eruption appeared when the drug was used, and disappeared when the use of the drug ceased. When the drug was again used the eruption reappeared. There is no doubt about it. That has been the case in connection with quite a number of cases with the drugs mentioned.

Dr. T. DIMON, of Auburn: Mr. President—I would ask Dr. Piffard if in the unread portion of his notes, he has given an account of the skin eruption from taking the bromides. It seems to me important in collecting notes upon medicinal eruptions, that articles which invariably produce such eruptions when protractedly used should not be omitted, and articles which only occasionally produce such effects alone be investigated.

Dr. PIFFARD—The paper contains the bromides and iodides, but I did not get to them.

Dr. L. D. BULKLEY: Mr. President—I only mentioned four drugs. The hastiness with which the paper was gone over did not allow me to think of the iodide eruption and bromide eruption. They should be included in my remarks and I add them now. The writer of the paper had not reached them when he was interrupted by the expiration of the time allowed him. The iodide of potassium eruption is an important one to remember, especially during the administration of this drug to syphilitic patients.

Dr. H. G. Piffard called attention to a plan of putting up nitrite of amyl to be carried about the person, as for use by epileptics to ward off paroxysms. The method of enclosing the drug in glass pearls or small tubes, to be crushed in the handkerchief, and the contents inhaled, is open to the objection that the pearls not infrequently are accidentally crushed in the pocket, and that when crushed in the handkerchief they sometimes wound the hand. If the nitrite of amyl is carried in substance in a small bottle, it is either liable to break in the pocket, or if taken out to inhale from, at the time of an expected paroxysm, may be upset, and a much larger quantity than is desirable be thus inhaled. He recommended a small vial, loosely filled with cotton, on which the nitrite of amyl is poured, about as much as the cotton will absorb. If the cork



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in this vial gets loose in the pocket the nitrite is not spilled, nor is there any risk of spilling it by upsetting the bottle.

## *Discussion.*

Dr. R. H. SABIN, of West Troy: Mr. President I wish to enquire, has nitrite of amyl been used to any great extent in whooping cough? I have used it in whooping cough, and in some cases with great relief.

Dr. C. S. STARR, of Rochester: Mr. President—I have treated seventeen cases with it, sixteen successfully, and the seventeenth unsuccessfully.

Dr. E. R. SQUIBB, of Brooklyn: Mr. President—I believe the use of a one-half dram vial of nitrite of amyl is the best way. I have not used cotton. Contact with the air impairs the quality, and, therefore, the less a person has in use the better. If he has it in small amount he can throw that away when it loses its odor to any considerable extent, as it will very soon. Pouring it out on the handkerchief is the general way of using it. If it be inhaled from the vial as directed by Dr. Piffard, it will produce the effect it should. In spasmodic asthma, patients are in the habit of carrying a little vial of it to be taken when seized with a spasm. A little vial, with the cork well put in, will last a considerable time, but by the time two-thirds of it is used, the other third is useless, and has to be thrown away. If filled only one-third it would be just as well. This might be done with cotton just as well.

Dr. E. C. SEGUIN, of New York: Mr. President—I can cordially endorse Dr. Piffard's device for giving amyl, as I have used the same plan for some three years. I was led to adopt it because I found that the amyl was often spilled by patients over their shirt-bosoms, or on the carpets of their room after the beginning of the paroxysm, for the relief of which they had been smelling the bottle. I might add that I have much less fear of amyl than I had two years ago. It is now my custom to tell patients to sniff hard and rapidly until their faces flush. I have never known any dangerous or unpleasant results to occur. Indeed, one of my female patients once received half an ounce of amyl as an enema by mistake, and the only consequences were universal blushing and an intolerable odor in the house.

Dr. E. R. SQUIBB: Mr. President—The danger to life from inhaling the vapor of nitrite of amyl is probably over-rated. I have been in a very small apartment when a flask containing over a pint of it was broken and the contents spilled over the floor, and partly over my clothing. Knowing the danger from fire, I remained in the room some time, putting out gas burners and wetting down burning coal, and so got a very large dose of the vapor, so large that without losing conscious intelligence, I so nearly lost the power of locomotion, that it was quite difficult to get out of the room when I wished to go.

Dr. George F. Shrady, of New York, read a paper, "Intra-parietal Hernia." It was discussed by Drs. H. Jewett, A. C. Post, A. Vanderveer and A. Mercer.

Dr. E. R. Squibb presented to the President, for the inspection of members, some micrographs, illustrating the histology

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of some forms of chronic dysentery, wherein pseudo-polypi are found in the colon, as described by Col. J. J. Woodward, Surgeon U. S. A., in the *American Journal of Medical Sciences* for January, 1881. These photographs are the originals from which the cuts given in the Journal were made.

Dr. H. Knapp, of New York, read a paper, "The Exostoses of the Frontal Sinuses." It was discussed by Dr. A. C. Post.

Dr. E. V. Stoddard, Chairman of the Committee on Hygiene, spoke of the work of that Committee as having been directed the past year to the subject of diphtheria, more especially in relation to its contagiousness. The facts presented point to necessity of strict isolation of diphtheria patients in the family, and of adopting some mode of quarantine, by which diphtheria may be prevented from spreading through the agency of public schools.

Dr. Elisha Harris, Secretary of the State Board of Health, said: Mr. President: It is my duty, I think, from the standpoint which it is my privilege to occupy, to invite the attention of the Society to the present wide-spread prevalence of diphtheria. The utility of the general observations and records of the medical profession relating to the causation and prevention of this malady is obvious, and, while we all give attention to this subject, it is proper for me to urge that the unguarded cause of the distribution of diphtheria should be brought under such sanitary control as might be possible. There is a special importance in regulating the domestic quarantine, or isolation of all who are convalescing, as well as those who are yet in the sick-room, or at the height of the disease. The evidence upon this matter shows conclusively that many a convalescent, when allowed to go to school or otherwise to rejoin the community, has conveyed the infection of diphtheria.

The State Board of Health found it a duty to investigate the course of this disease as respects the factors that enter into its modes of distribution, its infection, as well as other causes. Though not unusually malignant at present, it is so prevalent, and the total mortality from it is so great, that the physicians of this State can do great service by teaching and inducing the necessary care in preventing the spread of the infection that pertains to this destructive malady.

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The opportunities that have from time to time been afforded the State Board of Health for investigating the course and causes of diphtheria in sparsely populated districts, and during the past autumn in a wilderness where it had not before been seen, give results which show how important it is to regulate the whole matter of domestic and personal isolation of the sick, even until convalescence has ended in health.

I would call the attention of the Society, in connection with these remarks, to the following table:

From health officers of villages, in December, 1880: Diphtheria, 29; malaria, 40; typhoid fever, 29; measles, 16; mumps, 0; scarlet fever, 25; small pox, 7; whooping cough, 19.

From physicians in towns and incorporated villages, in January, 1881: Diphtheria, 50; malaria, 20; typhoid fever, 18; measles 45; mumps, 6; scarlet fever, 48; small pox, 4; whooping cough, 12.

Dr. A. Vanderveer read a paper, "Cases of Vesical Calculi, with Operations."

Dr. A. M. Phelps, of Chateaugay, read a paper, "Double Talipes Equinovarus." It was discussed by Drs. A. C. Post and Jos. C. Hutchison.

Dr. E. C. Seguin, of New York, an invited guest, read a paper, "Early Diagnosis of some Organic Diseases of the Nervous System." This was referred by vote of the Society to the Committee of Publication.

The Business Committee read by title:

"A Case of Cerebral Tumor," by Dr. Jas. C. Hutchison, of Troy.

The Society then adjourned to meet, in the evening, in the Assembly Chamber of the New Capitol.

## SECOND DAY—EVENING SESSION.

The Society met in the Assembly Chamber of the New Capitol. Vice President Jacobi presided and called the meeting to order at 8 h. 20 m. P. M.

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The President, Wm. H. Bailey, of Albany, then delivered the Anniversary Address, at the close of which Dr. S. H. Freeman arose, and said:

Mr. Vice-President: I move that the thanks of the Society be tendered to the President for his suggestive and highly interesting address, and that a copy be requested for publication in the Transactions.

The motion was seconded and unanimously carried, and the meeting adjourned.

## THIRD DAY—FINAL SESSION.

The Society was called to order at 10 h. A. M., by the President.

Prayer was offered by Rev. Walter D. Nicholas.

The minutes of yesterday's proceedings were read by the Secretary, and approved.

The Secretary read the following:

*To the Medical Society of the State of New York:*

The Westchester County Medical Society instructed its delegates to call the attention of the State Medical Society to the necessity of causing a law to be passed by the Legislature, making physicians preferred creditors.

Signed, N. H. FREELAND,
Delegate from Westchester County Medical Society.

On motion, the communication was referred to the Committee on Legislation.

Dr. Wm. Manlius Smith read the report of the Committee of Publication, which was accepted.

Dr. H. G. Piffard, for the Committee on Legislation, moved that the portion of the By-Laws printed in Appendix to the Transactions of 1880, on pages 23, 24 and 25, and relating to Censors and their duties, be repealed. The Secretary remarked that there were still some duties remaining for the Censors of the State Society to perform, and suggested that the following be retained:

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"Three Censors shall annually be elected from each Censorial district, all of whom shall be residents of the same county.

"The first and second Senatorial districts, as established by law in 1836, shall be called *the Southern;* the third and fourth, *the Eastern;* the fifth and sixth, *the Middle;* and the seventh and eighth, *the Western Censorial district.*"

Dr. Piffard accepted the suggestion, and modified his motion so as to retain these clauses. The rest of the matter referred to, that is, the first paragraph of Section 6, and the whole of Sections 7, 8, 9, 10, 11, 12, 13 and 14, as printed on pages 23, 24 and 25 Appendix to Transactions of 1880, were repealed by a unanimous vote.

Dr. Piffard also moved, and the motion was carried, that the Secretary draw up a by-law, in accordance with the recommendation of the Committee on Legislation, in their report of yesterday.

The Secretary accordingly drew up the following, which was unanimously passed. Its place is immediately after Section 7, Art. VI of the By-Laws of 1880, (see page 19, Appendix to Trans., 1880.)

**Permanent members of the age of sixty years and upwards, who have been permanent members ten years, on making application to the Secretary, the application being accompanied with the Treasurer's certificate that all dues have been paid up to that date, shall be placed on the list of Retired Permanent Members, and shall thereafter be exempt from the payment of dues, and have the rights and privileges of honorary members. Such retired permanent members may be restored to full permanent membership on payment of half the amount of dues that would have accrued during their period of retirement.***

The President then introduced Mr. Clark Bell, delegate to this Society from the Medico-Legal Society of New York, who proceeded to address the Society on the "Needed Reforms of the Laws of this State regarding the Office of Coroner."

At the conclusion of the address Dr. GOVAN, of Stony Point, arose and said: Mr. President, I have had some experience in this matter, having been, for upwards of twenty years, one of the coroners of my county. Innovation is not always reform, and although I consider and allow that there are

* Printed slips of this new by-law, in a suitable form for inserting in the appropriate place in the printed By-Laws, will be furnished on application to the Secretary.

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many defects in the present law with regard to coroners, yet, sir, modifications may be made by which the whole system may not be entirely abrogated. The gentleman has said that coroners' inquests have no influence in the future trial of the case. I say, sir, that during my life as coroner, the investigations under me have been such, that wherever there has been the commission of crime, and that crime pointed to a single individual, or individuals, the guilty party, or parties, have invariably been convicted of that crime, and some of them are now in Sing Sing. As to the qualification for the place of coroner, in our county, the people have had the wisdom to elect medical men, and I venture to say, sir, that no inquiry could be made under any system more thorough and more effective than the examinations which have been made in our county. Now, in all cases where I have the least doubt in regard to the legality of the proceedings, I have the power, as I understand it, to call in the District Attorney to sit with me and give necessary advice to carry on the examinations. In cases where the examinations have led to the presumption of crime, and that crime has been traced to certain individuals, in the future trials, these persons have been almost invariably convicted. Thus it will be seen that we do have an influence on the future trial of a person charged with crime. I have often done away with the jury, having received reliable information that I had the authority so to do. We have also the power, in addition to the coroner's being a medical man himself, of calling in other medical men in cases where it is thought to be necessary, and where there is a suspicion of crime having been committed. We have also at the autopsy an opportunity of showing whether the death arose from natural causes, or from poison or violence.

Dr. W. W. POTTER, of Batavia: Mr. President—It seems to me quite proper that this most excellent and able paper read by our invited guest, Mr. Bell, should go to the proper committee. I therefore move that it be referred to the Committee on Legislation to report upon at the next annual meeting, or whenever the Committee can.

Motion seconded.

Dr. J. S. MOSHER: Mr. President—The proposed reference of this valuable paper at this time, it would seem, involves

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too much delay. If we postpone action upon the subject for a year we make an unnecessary delay. This matter of coroners is not new. The defects of the present system are pretty well understood by us all. The admirable analysis made by Mr. Bell shows us why the coroners' system has been growing into bad repute. If, as we have been admonished, we could have medical men for coroners, a good deal of the evil would be cured; but we know very well in this city that such is not the case. We know also that the system of coroners' juries, as executed in some of our cities, is disreputable. In 1875 an analysis of the juries showed that two men had been on such juries over three hundred times; and similar statistics would answer for the average number. Men have been selected with reference to suits involving heavy damages. So agreed has been the press with reference to the system of coroners that a general law has been passed, first for this county, then for the most of the State, which practically looks to the abolishment of the office because of its abuses. The coroner has been made a salaried officer instead of living upon his fees, and the result of this has been to make fewer inquests, diminish the amount of work, and render utterly useless his function for the purposes of legislative [judicial] investigation. Under this system the office of coroner must become a mere fiction, in which a certain class of politicians, rarely medical men, who neither know law or medicine, and who in many cases are incompetent to perform the duties, monopolize the office. A case occurs to me now, where the coroner elected was so utterly ignorant of his duties that after summoning as many jurors as he could, and not finding the man who was expected to coach him, he concluded that the first duty of the coroner was to clear the rooms, and the next to shave the corpse.

No class of men are more interested in this subject than the medical profession. I am sure we feel under obligation to the gentleman for the valuable legal analysis he has given us. It seems to me that from this Society should come the strong voice in favor of this desired change, in favor of putting at least the medical questions under competent medical control, while the same law could place legal questions under legal control. I therefore move, as an amendment to the resolution, that the paper be referred to the Committee of Publica-

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tion, and that this Society approve of its recommendations and advise the passage of a law as proposed.

Dr. W. W. POTTER—Mr. President: I accept the amendment. My motion is that the paper go to the Committee of Publication, and also that the subject matter be considered by the Committee on Legislation.

Dr. SQUIBB—Mr. President: It is a legislative subject, and a report from that Committee next year would be valuable to this Society. But if this delay is going to endanger the success of the movement as a reform, then I should be very sorry to advocate it. What is the intention now of the Medico-Legal Society which represents the movement? Would it do to lay the matter over a year? I do not think we are competent to decide so largely a legal question by a single vote of this meeting.

Mr. BELL—Mr. President: The question raised by Dr. Squibb is one which I hardly feel competent to answer, as to what is the immediate intent of the Medico-Legal Society which represents this reform movement. But this is not a new question to men in your profession. You have given to it much thought. The subject is now four or five years old. The action of most medical societies on analogous subjects has been prompt, and its effect almost decisive on legislation. This question has always been in the public press. It must come to the Legislature sooner or later, and the sooner the better. Without committing the Medical Society to any particular plan, there can be no question but that a reform in the office of coroner is for the public good. If the law provided that a physician should be selected for coroner throughout the State, and all coroners would do what the gentleman who has spoken to us does, I never should have been here to urge this reform. But it is a rare thing for a physician to be a coroner. You remember, I have not spoken one word about the abuses of the system. I have not dared to. They are awful, terrible in their consequences. I could not allude to them without making an argument so personal and offensive as to be objectionable. I wish only to discuss the subject upon broad grounds. If the State Medical Society should pass a resolution that in its opinion a thorough revision of the law on the subject as it at present exists is demanded, and an entire change of the sys-

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tem needed; and if the Society would come to the proposition that coroners' juries are an unnecessary and useless appendage to the body politic; and if they would endorse the proposition that they believe it to be for the public good to appoint a medical examiner, who should be compelled to make the autopsy in all cases, that would, I think, have its influence upon legislation. I want the physician who has been coroner for a long time to act with us in this thing, and give other counties in the State the blessings which his county enjoys, and not allow laws to exist under which anybody may become coroner. Because, when this good doctor dies they will probably select a corner grocer to succeed him. In the city of New York, I do not know when we have had a physician for a coroner. Billiard-saloon-keepers, with assistants from the livery stables, have been the usual men chosen for the office. Nobody ought to be more alive to this question than the medical profession.

Dr. SQUIBB: Mr. President—Would it be competent to amend this motion by asking the Committee on Legislation to take this matter up in this way: asking them to confer with the delegate from the medico-legal society at this session, and to present such a resolution as in their judgment might be safely and wisely passed now. The Committee on Legislation is here, and the delegate is here, and by their juxtaposition for a short time they might probably come to some conclusion.

Dr. POTTER: Mr. President—I am willing to accept the suggestion. The question is a large one, and one we are not prepared fully to act upon now. I quite agree with Dr. Mosher in all he has said on the subject. I want simply to get the paper published, and also to get a report from our Legislative Committee next year.

The opinion of the Secretary, as one having often been before coroners' juries, being asked for,

Dr. WM. MANLIUS SMITH said: Mr. President—I fully concur in what I could hear of the address of Mr. Bell. It seems to me a reform is needed.

Dr. SQUIBB: Mr. President—I would like to ask Mr. Bell, whether he contemplated the action of the medical society to affect legislation at the present session, or whether the question

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is merely to be open for consideration to come up at a future session of the Legislature. I should for one be influenced by his answer in voting in regard to it. I do not feel competent to vote on a matter so largely legal without a little more consideration. It is a matter that can be discussed from more than one standpoint, and if there is no objection to giving us a little more time, I would be in favor of it.

Mr. BELL—The action of the Society, at this time, may be useful in affecting legislation at the present session of the Legislature.

Dr. POTTER—I am quite willing to accept Dr. Squibb's amendment.

Dr. MOSHER—I shall accept the amendment.

The motion as amended was adopted.

The Business Committee read by title:

"Summary of Cases of Accouchment from June 8th, 1819, to May 1st, 1879," by Dr. J. B. Cowles, sent by the Greene County Medical Society. It was referred to the Committee of Publication by vote of the Society.

"The New York State Inebriate Asylum, and defence of its Management and Operations," by Dr. George Burr.

The President appointed as the special Committee on the Code of Ethics, Wm. C. Wey, C. R. Agnew, S. O. Vander Poel, W. S. Ely, and Henry G. Piffard.

Dr. Wm. Manlius Smith introduced the following resolution, which was adopted, *nem. con.:*

*Resolved*, That the Medical Society of the State of New York advises the various County Medical Societies that form its constituency to endeavor to secure the co-operation of the other incorporated county and district medical societies throughout the State in the enforcement of the "Act to regulate the licensing of physicians and surgeons," passed May 29, 1880.

The Business Committee read by title:

"Biographical Sketch of Dr. E. R. Hun," by Dr. S. B. Ward, of Albany.

"Obituary Notice of Dr. Chas. A. Robertson," by Dr. J. S. Mosher, of Albany.

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"Case of Cystic Degeneration of the Chorion," by Dr. James Chapman, of Medina.

Dr. C. L. Stiles, of Oswego, read a paper, "A Device for Retaining Dislocation of the Clavicle at its Distal End."

Dr. G. Henry Fox, of New York, read a paper, "Benign Aspect of Syphilis." It was discussed by Drs. Bulkley, Pooley, Ferguson, Ward, Vanderveer, Piffard, Squibb and Curtis.

Dr. Squibb introduced the following resolution, which was unanimously adopted:

*Resolved*, That the increasing labors of the Secretary and Treasurer of the Society be recognized and acknowledged by adding one hundred dollars to the already appropriated annual compensation of the Secretary, and fifty dollars to that of the Treasurer.

The Committee on Legislation reported that having conferred with Mr. Clark Bell, they recommend the adoption of the following resolution:

*Resolved*, That in the opinion of this Society it is desirable for the Legislature to thoroughly amend and revise the laws of this State in regard to the office and duties of Coroners, and the Society would recommend for their consideration the recent statute adopted by the State of Massachusetts. [Substituting medical examiners for coroners.]

The report of the Committee was accepted and the resolution unanimously adopted.

The Committee on Legislation also offered the following:

*Resolved*, That the thanks of the Society are due to the Medico-Legal Society of New York, and to Clark Bell, Esq., for the action they have taken in reference to the matter of Coroners' law.

This resolution was unanimously adopted.

The same Committee also reported, by title, Chap. 221 of the Laws of 1841, which contains a clause relating to the duties of Censors of this Society in respect to Albany Medical College, and recommend that the Act be published in full in the Transactions of 1881.* The recommendation was adopted.

Dr. Lewis Balch, of Albany, read a paper, "A Review of the Second Trial of Jesse Billings, Jr., for the Murder of his Wife." The paper was by vote of the Society referred to the Committee of Publication.

* This law, and laws passed by the Legislature of 1881 which relate to the medical profession will be printed in an appendix to this volume.

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The Committee of Nomination made their report as follows:—

The Committee of Nomination present the following nominations:—

*For President*—Abraham Jacobi, of New York.

*For Vice-President*—William Govan, of Stony Point.

*For Secretary*—Wm. Manlius Smith, of Manlius.

*For Treasurer*—Charles H. Porter, of Albany.

*For Censors*—Southern District: J. W. S. Gouley, C. R. Agnew, Austin Flint, all of New York. Eastern District: E. D. Ferguson, M. H. Burton, W. S. Cooper, all of Troy. Middle District: Alonzo Churchill, S. G. Wolcott, J. K. Chamberlayne, all of Utica. Western District: C. C. Wyckoff, Thomas F. Rochester, Henry Lapp, all of Erie County.

*Committee of Arrangements*—S. B. Ward, F. C. Curtis, J. S. Mosher, all of Albany.

*Committee on By-Laws*—William C. Wey, of Elmira; Alexander Hutchins, of Brooklyn; C. E. Witbeck, of Cohoes.

*Committee on Hygiene*—E. V. Stoddard, of Rochester; Stephen Smith, of New York; Jacob S. Mosher, of Albany; J. Foster Jenkins, of Yonkers; Caleb Green, of Homer; E. Hutchinson, of Utica; Harvey Jewett, of Canandaigua.

*Committee on Legislation*—Albert Vanderveer, of Albany; Alexander Hutchins, of Brooklyn; H. G. Piffard, of New York.

*Committee on Medical Ethics*—C. R. Agnew, of Brooklyn; S. O. VanderPoel, of Albany; E. M. Moore, of Rochester.

*Committee on Prize Essays*—Thomas F. Rochester, of Buffalo; J. P. White, of Buffalo; William S. Ely, of Rochester.

*Committee of Publication*—Wm. Manlius Smith, of Manlius; H. D. Didama, of Syracuse; C. H. Porter, of Albany; J. Foster Jenkins, of Yonkers.

*Censor of College of Medicine, Syracuse University*—William S. Ely, of Rochester.

*For Permanent Members*—First District: John C. Peters, F. A. Castle, T. R. Pooley, J. C. Dalton, of New York County; William H. Dudley, of Kings County. Second District: N. H. Freeland, of Westchester County; Smith Ely, of Orange County. Third District: C. E. Nichols, of Rensselaer County; C. E. Witbeck, of Albany County. Fourth District: Henry Gray, of Washington County; E. F. Edgerly, of Essex County. Fifth District: C. C. P. Clark, of Oswego County. Sixth District: W. W. Crandall, of Allegany County; S. H. Peck, of Tompkins County. Seventh District: Peter M. Wise, of Seneca County. Eighth District: William Chace, of Chautauqua County; Henry Lapp, of Erie County.

*For Honorary Members*—James C. Bucknill, William Farr, of London, England.

*Eligible to Honorary Membership*—Charles Lockhart Robertson, Sidney Ringer, of London, England; T. S. Clouston of Edinburgh, Scotland; Roberts Bartholow, of Philadelphia, Pa.

*Delegates to State Medical Societies*—New Jersey: H. G. Piffard, of New York; Wm. Govan, of Stony Point. Massachusetts: S. G. Wolcott, of Utica; Joseph C.

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Hutchison, of Brooklyn; J. V. Kendall, of Baldwinsville. Michigan: C. G. Bacon, of Fulton. Vermont: E. M. Lyon, of Plattsburgh; Robert W. Taylor, of New York. Pennsylvania: T. H. Squire, of Elmira.

*Delegates to the International Medical Congress to be held in London*—Thomas F. Cock, of New York; Joseph C. Hutchison, of Brooklyn. *Alternates:* C. R. Agnew, of New York; N. C. Husted, of Tarrytown.

*Delegates to the Canadian Medical Association*—B. F. Sherman, of Ogdensburgh; J. B. Andrews, of Buffalo.

*Delegates to American Medical Association*—H. R. Ainsworth, of Addison; C. G. Bacon, of Fulton; J. R. Boulware, of Albany; L. D. Bulkley, of New York; F. L. R. Chapin, of Glens Falls; A. Coe, of Oswego; Wm. A. Coit, of Champlain; G. W. Cooke, of Otego; George H. Fox, of New York; J. B. Graves, of Corning; J. P. Gray, of Utica; Frederick Hyde, of Cortland; J. V. Kendall, of Baldwinsville; Alfred C. Post, of New York; Conant Sawyer, of Au Sable Forks; Frederick R. Sturgis, of New York.

*Special Committee on Publication of Transactions*—J. C. Dalton, of New York; Wm. H. Bailey of Albany; Thos F. Rochester, of Buffalo.

L. C. DODGE, Secretary of Committee.

The report of the Committee was accepted, and the Secretary was directed by a vote of the Society to cast an affirmative ballot for all the nominations of the Committee, which he did, whereupon the nominees were declared to be duly elected.

On motion of Dr. S. O. Vander Poel, the President and Secretary were authorized to fill vacancies in the delegations to the American Medical Association and to State Medical Societies.

Dr. G. W. Cooke, of Otego, offered the following resolution, which was unanimously adopted:

*Resolved*, That the thanks of the Society be tendered to the retiring President, for the gentlemanly, impartial and faithful manner in which he has discharged his duties as its presiding officer.

The President responded, thanking the members for the cordial support which had rendered his duties light, and declared the Society adjourned till the next annual meeting to be held in the city of Albany, Tuesday, February 7th, 1882.

WM. MANLIUS SMITH, Secretary.

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# REPORTS.

## 1. Report of the Treasurer, Charles H. Potter, M. D., of Albany.

### THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, IN ACCOUNT WITH THE TREASURER.

### General Fund.

Received from County Medical Societies, Institutions and Individuals, as Follows:

| | | | |
|---|---|---|---|
| Albany County Medical Society, | | 1880 | $ 20 00 |
| Allegany | " " | 1879, '80 | 10 00 |
| Broome | " " | 1880 | 5 00 |
| Cattaraugus | " " | 1880 | 10 00 |
| Cayuga | " " | 1880 | 10 00 |
| Chemung | " " | 1880 | 5 00 |
| Chenango | " " | 1880 | 5 00 |
| Clinton | " " | 1880 | 5 00 |
| Columbia | " " | 1880 | 5 00 |
| Cortland | " " | 1880 | 5 00 |
| Delaware | " " | 1878, '79, '80 | 20 00 |
| Dutchess | " " | 1880 | 10 00 |
| Erie | " " | 1880 | 25 00 |
| Essex | " " | 1880 | 5 00 |
| Franklin | " " | 1880 | 5 00 |
| Fulton | " " | 1880 | 5 00 |
| Genesee | " " | 1890 | 5 00 |
| Greene | " " | 1880 | 5 00 |
| Herkimer | " " | 1880 | 5 00 |
| Jefferson | " " | 1880 | 10 00 |
| Lewis | " " | 1880 | 5 00 |
| Livingston | " " | 1880 | 5 00 |
| Madison | " " | 1880 | 5 00 |
| Monroe | " " | 1880 | 15 00 |
| Montgomery | " " | 1879, '80 | 10 00 |
| New York | " " | 1880, '81 | 240 00 |
| Niagara | " " | 1880 | 10 00 |
| Oneida | " " | 1881 | 10 00 |
| Onondaga | " " | 1880 | 15 00 |
| Ontario | " " | 1880 | 5 00 |

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| | | | | |
|---|---|---|---|---|
| Orange County | Medical | Society, | 1880 | $ 10 00 |
| Orleans | " | " | 1880 | 5 00 |
| Oswego | " | " | 1880, '81 | 20 00 |
| Otsego | " | " | 1880 | 10 00 |
| Putnam | " | " | 1880 | 5 00 |
| Queens | " | " | 1880 | 10 00 |
| Rensselaer | " | " | 1880 | 15 00 |
| Richmond | " | " | 1880 | 5 00 |
| Rockland | " | " | 1880 | 5 00 |
| St. Lawrence | " | " | 1880 | 15 00 |
| Saratoga | " | " | 1880 | 10 00 |
| Schenectady | " | " | 1880 | 5 00 |
| Schoharie | " | " | 1880 | 5 00 |
| Seneca | " | " | 1880 | 5 00 |
| Steuben | " | " | 1880 | 10 00 |
| Suffolk | " | " | 1880 | 5 00 |
| Sullivan | " | " | 1880 | 5 00 |
| Tioga | " | " | 1880 | 5 00 |
| Tompkins | " | " | 1880 | 5 00 |
| Ulster | " | " | 1880 | 15 00 |
| Warren | " | " | 1879, '80 | 10 00 |
| Washington | " | " | 1880 | 10 00 |
| Westchester | " | " | 1881 | 15 00 |
| Wyoming | " | " | 1879, '80, '81 | 15 00 |
| Albany Medical College, 1880 | | | | 5 00 |
| Bellevue Hospital Medical College, 1880 | | | | 5 00 |
| College Physicians and Surgeons, New York, 1879, '80 | | | | 10 00 |
| Medical College, Syracuse University, 1880 | | | | 5 00 |
| Long Island College Hospital, 1880 | | | | 5 00 |
| New York Academy of Medicine | | | | 25 00 |
| Medical Department, University of New York | | | | 5 00 |
| Medical Department, University of Buffalo | | | | 5 00 |
| Initiation Fee as Permanent Members from Drs. C. R. Heaton, H. G. Piffard, Ira H. Abell, E. M. Lyon, C. Henry King, H. R. Ainsworth, E. V. Stoddard, J. O. Polhemus, R. K. Tuthill, R. F. Weir, P. R. Furbeck, F. S. Greene, Herman Knapp, R. M. Wyckoff, M. D. Benedict,—15 | | | | 75 00 |
| Received from New York, no name, no address | | | | 2 00 |
| Received from Permanent Members, annual dues: | | | | |
| 2 for 1877 | | | | 4 00 |
| 4 for 1878 | | | | 8 00 |
| 23 for 1879 | | | | 46 00 |
| 237 for 1880 | | | | 474 00 |
| 73 for 1881 | | | | 365 00 |
| | | | | $1,754 00 |
| To balance on hand, as shown by Treasurer's report, February 3, 1880 | | | | 99 64 |
| Total | | | | $1,853 64 |

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## PUBLICATION FUND.

RECEIVED FOR TRANSACTIONS OF THE SOCIETY AS FOLLOWS:

| | | |
|---|---|---|
| 1 volume of 1807–31 | $ | 1 00 |
| *2 volumes of 1840–43 | | 2 00 |
| 1 volume of 1857 | | 1 00 |
| 1 volume of 1858 | | 1 00 |
| 1 volume of 1859 | | 1 00 |
| 2 volumes of 1860 | | 2 00 |
| 2 volumes of 1861 | | 2 00 |
| 1 volume of 1862 | | 1 00 |
| 1 volume of 1863 | | 1 00 |
| 2 volumes of 1864 | | 2 00 |
| 1 volume of 1865 | | 1 00 |
| 3 volumes of 1866 | | 2 50 |
| 1 volume of 1867 | | 1 00 |
| 4 volumes of 1868 | | 3 50 |
| 1 volume of 1872 | | 1 00 |
| 1 volume of 1875 | | 1 50 |
| 4 volumes of 1876 | | 6 00 |
| 4 volumes of 1877 | | 6 00 |
| 58 volumes of 1878 | | 52 80 |
| 205 volumes of 1879 | | 333 75 |
| 485 volumes of 1880 | | 680 00 |
| Total | $ | 1,103 05 |

THE EXPENDITURES FOR AND ON ACCOUNT OF THE SOCIETY, FROM FEB. 3, 1880, TO FEB. 1, 1881, WERE AS FOLLOWS:

| | | |
|---|---|---|
| Dr. W. M. Smith, services as secretary | $ | 350 00 |
| Dr. W. M. Smith, stationery, postage, &c | | 29 59 |
| Dr. W. M. Smith, expenses of Publication Committee | | 147 96 |
| Truair, Smith & Bruce, printing postal cards, &c | | 2 50 |
| Fred. L. C. Dillaye, printing certificates | | 18 13 |
| Lee & Davenport, printing Transactions, &c | | 1,502 36 |
| C. H. Porter, M. D., services as treasurer | | 100 00 |
| P. Hertz, use of chairs, &c | | 10 00 |
| New York Central & Hudson R. R. R., freight on Transactions | | 5 07 |
| New York Central & Hudson R. R. R., freight on Transactions | | 4 15 |
| Phœnix Insurance Company, insurance on Transactions | | 31 50 |
| Wm. Wood & Co., advertising meeting | | 7 00 |
| W. M. Carpenter, stenographer | | 75 00 |
| Weed, Parsons & Co., printing, &c | | 6 00 |
| W. M. Stetson, stationery, &c | | 6 60 |
| Louis Evans, services as page | | 5 00 |
| John J. Huber, services as porter, &c | | 20 00 |
| Expressage on Transactions | | 50 |
| Expressage on Transactions | | 25 |
| Expressage on Transactions | | 1 50 |



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| | |
|---|---|
| Paid carman for conveying Transactions for New York County Medical Society to depot | 50 |
| C. H. Porter, postage, envelopes, &c | 26 27 |
| Total | $2,349 88 |

## RECAPITULATION.

| | |
|---|---|
| Total receipts, general and publication funds | $2,956 69 |
| Total disbursements | 2,349 88 |
| Balance in Treasury | $606 81 |
| Of which $605 is dues paid in advance by county societies and permanent members. The actual balance, less these receipts for dues of 1881, is | 1 81 |

SOCIETIES AND INSTITUTIONS IN ARREARS WITH THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR ANNUAL DUES, FEB. 1, 1881.

| | |
|---|---|
| Chautauqua County Medical Society, 1880 | $10 00 |
| Schuyler County Medical Society, 1880 | 5 00 |
| Yates County Medical Society, 1880 | 5 00 |
| Total | $20 00 |

## 2. REPORT OF LIBRARIAN.

The acting Librarian would respectfully report that there are on hand, in his possession, at the present time, 7,968 volumes of the Transactions of the Society of various years, as appears by the following table:

| Year. | No. of volumes. | Year. | No. of Volumes. |
|---|---|---|---|
| 1807–31 | 563 | 1869 | 961 |
| 1840–43 | 130 | 1870 | 744 |
| 1857 | 1 | 1871 | 1,665 |
| 1860 | 73 | 1872 | 471 |
| 1861 | 183 | 1873–4 | 446 |
| 1862 | 14 | 1875 | 665 |
| 1863 | 3 | 1876 | 604 |
| 1864 | 37 | 1877 | 195 |
| 1866 | 375 | 1878 | 207* |
| 1867 | 4 | 1879 | 227* |
| 1868 | 263 | 1880 | 137* |
| Total volumes | | | 7,968 |

He has also in his possession a few volumes of Transactions of other State Medical Societies, received during the last year.

Respectfully submitted,

C. H. PORTER, Acting Librarian.

* There are also in possession of the Secretary at Syracuse, 13 volumes Transactions 1878, 40 volumes Transactions 1879, and 285 volumes Transactions 1880.

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## 3. REPORT ON THE MERRITT H. CASH PRIZE FUND.

By resolution of the Society adopted at the Annual Meeting of 1876, the Treasurer caused (October 1st, 1877,) the Merritt H. Cash Prize Fund—$500.00—on deposit at the Albany Savings Bank, to be transferred to him as Treasurer of the Society and Trustee of the Fund.

| | |
|---|---|
| Accrued interest to January 1st, 1880 | $80 80 |
| " " from Jan. 1st, 1880 to Jan. 1st, 1881 | 23 46 |
| Total sum available for Prize | $104 26 |

Respectfully submitted,

CHARLES H. PORTER,
Trustee of Merritt H. Cash Fund.

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## 4. REPORT OF THE COMMITTEE OF PUBLICATION.

The Committee of Publication beg leave to report, that, as usual heretofore, bids for the publishing of the Transactions were solicited from prominent publishing houses in Syracuse. The publishers for the volume of 1879 put in a bid, at the same figures as the year previous. Another firm put in a bid so much lower, that doubts arose as to its ability to do the work, and information coming to the Committee tending to throw doubt on the business fidelity of the firm, the Committee were investigating the correctness of their information, when a third bid was sent in, by parties recently come to Syracuse, a trifle lower still. This last firm, one of whom had formerly been employed in the printing offices of Albany, referred us to the President of this Society, as to their ability to perform their engagements. The enquiries in that direction resulting favorably, the work was allotted to Lee & Davenport, the firm in question. The delay occasioned by the above mentioned enquiries, and further delay through parties engaged to set up a press for Lee & Davenport, caused the work of printing to be entered upon at a later date than heretofore. Lee & Davenport were unfortunate in the selection of their binder, who proved not to have sufficient facilities for the rapid dispatch of his work. The issue of the volume was thus retarded for nearly a month, as compared with the previous year. The first copy was sent out on the twenty-third of August, 1880.

The cost of printing the Transactions was $1,386.16, and in pursuance of the directions of the By-Laws, the price per copy was fixed at $1.40. The usual circulars were sent to all members of County Medical Societies, announcing the issue and price of the Transactions. Thirty of the County Societies have purchased the quotas assigned them, a few of them taking a greater number than their quota. There have been disposed of by the Secretary 491 copies, including those sent to other State Medical Societies, to public libraries, Medical Journals, and the like. The Secretary sent also 420 copies to the Treasurer, who has disposed of a large part of them.

Besides the Transactions, the Committee have published an edition of 1,000 copies of the By-Laws, as amended at the annual meeting of 1880, accompanied with the System of Medical Ethics, and a compilation of the Laws of the State relating to the Medical Profession. One hundred additional copies were printed and bound in flexible covers, for the use of the County Medical Societies and the officers of this Society.

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Slips containing the law of May 29, 1880, were also printed and sent to each member of a County Medical Society, and furnished to others who applied for them. To the law was prefixed an explanation, by the Secretary, which had been previously submitted to some of the older members of this Society, and approved by them.

The whole cost of the printing ordered by the Committee of Publication was $1,502.36.

All of which is respectfully submitted.

WM. MANLIUS SMITH,
For the Committee of Publication.

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## 5. REPORT OF THE COMMITTEE ON LEGISLATION.

Your Committee would respectfully report that they have given the matters referred to them careful consideration, and report as follows:

I. *The Resolution of the Medical Society of the County of Broome.*—(Trans. 1880. p. 18.)—The Committee believe that an act of the Legislature, as proposed in the resolution, would prove of great service in controlling the evils connected with the present system of medical charities in the rural and sparsely settled portions of the State, and in the smaller towns, but that it would not be capable of effective application in the larger cities. The Committee, therefore, are not disposed to favor the passage of a general act as proposed in the resolution.

II. *The Resolution of Dr. Dimon, of Auburn.*—(Trans. 1880, p. 23.)—In the opinion of the Committee, recent legislation has rendered the petition referred to in the resolution unnecessary.

III. *The Compilation of the Medical Laws of the State*, as directed by the Society.—(Trans. 1880, p. 25.)—This compilation has been made at an expense to the Committee of $5.28, and has been printed with the By-Laws in the Transactions of 1880.

IV. *The Letters of Dr. M. A. Bailey in behalf of the Medical Society of Putnam County.*—(Trans. 1880, p. 29.)—The Committee are of the opinion that County Societies should thoroughly satisfy themselves as to their legal status. The State Society has the undoubted right of demanding satisfactory evidence that a County Society has complied with the laws relative to incorporation, before admitting its delegates to representation.

2d. A physician who, on demand of a properly authorized town officer, renders medical service to the poor, has a claim against the town for the services rendered, to be substantiated in the usual manner.

V. *The Resolution of Dr. Kendall.*—(Trans. 1880, p. 31.)—The Committee recommend the following substitute:

*Resolved*, That permanent members sixty years of age or over, who have been permanent members ten years, may on demand be transferred to the list of Retired Permanent Members, (to be provided for by the enactment of a suitable By-Law,) provided their dues to the Society are paid to date. They shall, while on that list, pay no dues, and shall have the rights and privileges of honorary members. They may be restored to a full permanent membership at any time, on payment of one-half the dues that would have accrued during the period of their retirement, if they had not been retired.

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VI. *The Medical Registration Act of* 1880.—(Trans. 1880, p. 38.)—The Committee, in accordance with the instructions of the Society, procured (at an expense to the Committee of $25 for legal services,) the passage of Chapter 513 of the Laws of 1880. In this connection the Committee desire to acknowledge the valuable assistance rendered by the Hon. Z. G. Bullock, M. D., of Cattaraugus County, who introduced the bill into the Assembly.

VII. *A Draft of a Proposed Drainage Act.*—(Trans. 1880, p. 40.)—Your Committee believe that the necessary powers are now lodged in the State Board of Health, and do not recommend the passage of the bill in question.

The whole of which is respectfully submitted.

HENRY G. PIFFARD, Chairman.
ALEX. HUTCHINS,
A. VANDERVEER.

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## 6. REPORT OF THE COMMITTEE ON MEDICAL ETHICS.

Your Committee on Ethics would respectfully report that the only subjects referred to them were certain charges and complaints coming from the Medical Society of the County of New York.

*First*—A charge preferred by Dr. A. L. Carroll, of Richmond County, against Dr. H. G. Piffard, of New York County.

*Second*—A charge by Dr. H. G. Piffard against the Medical Society of Richmond County.

*Third*—A charge preferred by the Medical Society of the County of New York against Dr. A. L. Carroll, of Richmond County.

The charges presented by Dr. Carroll, Dr. Piffard and the Medical Society of the County of New York have their origin in the following occurrences:

1st. The admission to membership in the New York County Society of Drs. Goldman and Black.

2d. A resolution offered by Dr. Carroll at the last meeting of the American Medical Association. (Exhibit A.)

3d. A resolution subsequently offered by Dr. Piffard at the same meeting. (Exhibit B.)

The points at issue are of both a public and a private nature.

Those of interest to the profession generally are:

1st. Did the Medical Society of the County of New York act legally in admitting Drs. Goldmann and Black to membership?

This point is to be decided in accordance with the law of the State and the decisions and By-Laws of the State Medical Society, it being presumed that these latter are in accordance with the law.

As regards the present case, the New York County Society acted in conformity with the advice of presumably competent legal counsel. (Exhibits C. and D.)

It also acted in conformity with a declaration of the State Society (Trans. 1876, p. 63), which says: "We may fairly conclude that those are entitled to admission who are legal practitioners."

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Dr. Goldmann and Black were legal practitioners.

It (the New York County Society) also acted in conformity with the By-Laws of the State Society (Art. V., §8), which read: "* * * * , and therefore special efforts should be made by the Presidents and other officers of the several County Societies in the State of New York to enrol, as members of their Societies, the names of all persons duly authorized to practice physic and surgery, who conform to the System of Ethics of this Society, and to the Code of Ethics of the American Medical Association."

Drs. Goldmann and Black, in their applications for membership, declared their allegiance to the codes of Ethics referred to, and this declaration, in the absence of evidence to the contrary, must be accepted as conclusive on this point.

It seems to us eminently desirable and proper, that all homœopaths and other irregular practitioners should be advised and encouraged to renounce their errors and qualify themselves for admission to what we esteem the regular profession. It would be a singular position for the profession to take, that a person, who had once entered on an erroneous system of medicine, should be considered as having committed a sin against the profession, for which no subsequent repentance could atone.

The second point of public interest is:

Is it proper for a member of a county society in this State, who feels aggrieved by the action of another county society, to carry his grievance to the American Medical Association before appealing to the State Medical Society?

Finding no precedent to assist in the elucidation of this question, we believe that it should be decided in accordance with Chap. 445 Laws of 1866, §3, which reads: "Any member of any county medical society or applicant for membership to such society, feeling aggrieved at the action of said society, shall have the right to appeal to the medical society of the State of New York representing such county medical society."

It would seem that such would have been the proper course for Dr. Carroll to have taken, as there are many and grave reasons why all professional matters in dispute among physicians of this State should first of all be brought to the attention of the tribunals within the State.

The points of private interest, as between Drs. Carroll and Piffard and Dr. Piffard and the Richmond County Society, are:

1st. Was Dr. Piffard actuated by malice in the resolution offered by him at the American Medical Association (Exhibit B), as charged in the complaint of Dr. Carroll?

This appears not to have been the case, as Dr. Piffard's resolution was rather of a "*tu quoque*" nature.

2d. Did Dr. Piffard make any misstatement in his resolution?

The evidence submitted to us appears to be conclusive that Dr. Piffard did not make any misstatement.

3d. Was the Richmond County Society justified by the facts in adopting and publishing the resolutions reflecting injuriously on Dr. Piffard? (Exhibit E.)

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Clearly the Richmond County Society was not justified, and we think that said Society owe it to Dr. Piffard to reconsider said resolutions and to make suitable amends for the publicity given to them.

THOMAS HUN,
C. R. AGNEW.

## EXHIBITS.

A.

Dr. Carroll's resolution:

*Whereas*, The County Medical Society of New York has admitted to membership graduates of schools not recognized by this Association; therefore be it

*Resolved*, That societies which admit irregular practitioners to membership be debarred from representation in the American Medical Association.

B.

Dr. Piffard's resolution:

*Resolved*, That the representation of the Richmond County Society of New York be disbarred from membership in the American Medical Association for admitting an ex-homœopath as a member.

C.

NEW YORK, April 14th, 1879.

*To the Comitia Minora of the Medical Society of the County of New York:*

GENTLEMEN:

I have examined the question arising out of the application of Dr. Henry Goldmann for membership in your Society.

Dr. Goldmann's letter of application is as follows:

"NEW YORK, March 5th, 1879.

"DR. F. A. CASTLE,

"*Secretary of Medical Society of the Co. of N. Y.*

"DEAR SIR:

"I am an applicant for membership of your Society.

"Although holding a homœopathic diploma, I do not practice sectarian medicine. Should I be elected, I promise to adhere to and obey the Constitution and By-Laws of the Society.

"Very respectfully yours,

"H. GOLDMANN, M.D."

It appears, by the diploma held by the applicant, that he is a graduate of the "Homœopathic Medical College of the State of New York, in New York City," having received the degree of Doctor of Medicine from that institution on March 4th, 1875.

It also appears that the "Homœopathic Medical College of the State of New York, in New York City," is an institution duly incorporated under the Laws of the State, and duly authorized to confer the degree of Doctor of Medicine.

By the original act of incorporation, Chapter 329 of the Laws of 1860, the Homœopathic College was authorized to confer the degree of "Doctor of Homœopathic Medicine," but by Chapter 191 of the Laws of 1869, entitled, "An Act in relation to the Homœopathic Medical College of the State of New York, in New York City," passed April 14th, 1869, the Act of 1860 is amended so as to authorize the College to confer the degree of "Doctor of Medicine." That Act provides, in relation to each of the diplomas of the institution, that "the said diploma shall bear the date of its conferment by the order of the "Board of Trustees, and shall entitle the person receiving it to all the rights, privileges, immunities and liabilities of physicians, as declared by the laws of this State."

That it was the intent of the Legislature to confer upon the homœopathic institution, by the amendatory act, the fullest powers granted to the most favored medical colleges in the matter of granting diplomas, is further shown by the explicit repeal by Section 4 of the Act of 1869, of Sections 3 and 4 of the Act of 1860; Section 4 of the earlier law being the one which limited the kind of degree to be conferred.

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In his application Dr. Goldmann declares that he does not practice sectarian medicine, and he promises, if elected, to adhere to and obey the Constitution and By-Laws of your Society.

This promise seems to eliminate from the case all questions, excepting only the one whether the homœopathic graduation works disqualification for your membership.

Dr. Goldmann, therefore, appears before you, in the eye of the law, simply as a duly accredited Doctor of Medicine, declaring his willingness to conform to the rules and regulations of your Society in all respects, and, under the provisions of the Act of 1869, above quoted, entitled to all the rights, privileges, and immunities of a lawful physician. Where he received his degree of Doctor of Medicine, or through what curriculum he became entitled to his rights and privileges, does not appear material to the question before you. He is a Doctor of Medicine, holding a lawful diploma, and stands in the same light as any other Doctor of Medicine applying for membership.

If his application be rejected, it must be on other grounds than that his diploma is not as valid and authoritative as any other diploma issued by a medical college within the State. However much it may be regretted, the law is too explicit to permit of question as to the validity of the diploma issued in 1875, under the special law of 1869.

To reject the application, simply on the ground of insufficiency of the diploma, would be to use authority conferred by one State law to nullify the explicit declaration of another law, of equal sanction, in force in the same State. I am well aware of the very wide discretion vested by the law, especially as illustrated by very recent decisions, in all chartered societies, as to the admission or exclusion of candidates for membership,' but I do not think that the courts would sustain the rejection of an applicant on the sole ground that a diploma, lawfully obtained and declared sufficient by law, was deemed by the Society an insufficient certificate of study and qualification.

If any physicians refuse to conform in their methods of practice, or otherwise, to your Rules and By-Laws, such refusal may be ground for exclusion from membership, but such is not the case with Doctor Goldmann. He explicitly declares his desire to follow your methods and to be bound by your regulations, and is, as far as regards his diploma and present declaration, as much eligible for membership as any graduate of other medical colleges in this State.

If this conclusion is to be regretted as implying a *quasi* recognition of an irregular school of teaching and practice, the fault is with the law, and the remedy must be sought through the Legislature.

I have examined with care the By-Laws of the State Medical Society, and also those of your own body, but find nothing in them to alter the general conclusions I have reached, as above stated.

I have examined the case of Dr. Dowling, of Wappingendale (reported in the Transactions of the Medical Society of the State of New York, 1876, pp. 60 to 64), who in 1876 was excluded from membership of the Orange County Society on the ground that he, being a graduate of the Homœopathic Medical College of Pennsylvania, declined to submit to examination by the Censors of the Orange County Society. In that case the action of the County Society was sustained by the State Society, but it is evident that the fact, that Doctor Dowling's diploma was from a college in another State, deprives his case of all authority as a precedent in the present inquiry. The language of the "Transactions" leads to the belief, that had Dr. Dowling's diploma emanated from a college incorporated under the laws of the State of New York, the decision would have been different. The report of the Committee, which was adopted by the State Society, says: "We may fairly conclude that those are entitled to admission" (to County Societies) "who are legal practitioners," as is the case with Dr. Goldmann, whose application is before you.

Respectfully,

JOHN TRACY, *Attorney, &c.*

## D.

*Opinion Relating to the Application of Carrie L. Black, M. D., for Admission to Membership in the Medical Society of the County of New York.*—On the 13th of October, 1879, the applicant above named addressed a communication to the Secre-

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tary of the Medical Society above named, in which she stated that she was a candidate for membership in the Society; that her practice "is non-sectarian and based upon rational and scientific principles;" and if elected she promised "adherence and obedience to the Constitution and the By-Laws of the Society."

Afterwards her counsel addressed a letter to the same Secretary, complaining that his client's application had not been granted; and asserting that because she was a graduate of a regularly chartered Medical College, and had promised with her application to obey the Constitution and By-Laws of the Society, it had not the right, under the law of the State, "to interpose obstacles in the path of duly qualified applicants or exact conditions outside of its rules and by-laws." The counsel claimed that she be admitted to membership, "and thereby save necessity or cause for the institution of proceedings in the Supreme Court."

It is stated that the applicant is a graduate of the New York Medical College and Hospital for Women, and holds a diploma granted by that institution.

By the third section of its Charter (Act of June 12th, 1866,) it is provided that "the Trustees shall have the power to grant and confer the degree of doctor of medicine upon any person of the age of twenty-one years, of good moral character, etc., after a prescribed course of study and attendance upon lectures."

The Revised Statutes have established certain general regulations concerning the practice of physic and surgery in the State of New York, [See 1st R. S., 6th ed., p. 1110,] and the claim of the applicant seems to be that, by virtue of her diploma granted by the New York Medical College and Hospital for Women, she is entitled to admission to the Medical Society of the County of New York. Such admission would entitle her to practice as a physician. But her diploma does not confer that franchise.

It is made the duty of the President of every County Medical Society to give notice, in writing, to every physician and surgeon within the county, requiring such physician or surgeon, within sixty days after the notice, to apply for and receive a certificate of admission as a member of such Society. [1st R. S., 6th ed., p. 1110.]

The applicant above named having made the application, stands at the door of the County Society in the same attitude as if she had applied pursuant to the statutory notice.

It has been decided that a County Medical Society will not be compelled by mandamus to admit a doctor of medicine as a member of the County Society when it appears that, if admitted, he would be immediately liable to expulsion for gross ignorance or misconduct. [*Ex parte Paine, 1st Hill*, 665.] It was said in that case that the statute seems to impose a general obligation upon the Society to receive every regular licensed physician resident in the county as a member, but the Court further said it was of the opinion that the County Society may, prior to the admission of a candidate, in all cases, inquire and satisfy themselves whether any of the causes exist for which they might prefer charges against him, and on concluding in the affirmative, may refuse to admit him as a member.

The importance of admission to the County Society is to gain a legal right to practice; for it is provided [Sec. 30, 1st R. S., 6th ed., p. 1113.] as follows: "The degree of doctor of medicine conferred by any college in this State shall not be a license to practice physic or surgery." There are, however, certain colleges and universities enumerated in the statutes which are exempted from the operation of the provision just quoted; that is, section 30 in the sixth edition of the Revised Statutes, formerly section 21.

In 1857, the Legislature of New York passed an act, chapter 383, laws of 1857, [See 2d R. S., 6th ed., p. 491,] enacting that it shall be lawful for homœopathic physicians, in each of the counties of the State, to organize county homœopathic medical societies in the same manner as county medical societies were formed under the act of April 10th, 1813. Any such society must be styled the Homœopathic Medical Society of the county in which it shall be founded; and shall have all the powers, rights and privileges, and be subject to all the duties and responsibilities, now by law given to or imposed upon a county medical society, organized under the act of 1813.

It should be remarked, that the degree of Doctor in Medicine, conferred by the Regents of the University and by certain specified colleges, carries with it the right to practice.

But the New York Medical College and Hospital for Women is not one of the specified colleges.

It is also provided by section 25, 1st R. S., 6th ed., p. 1113, that "no person

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shall practice physic or surgery unless he shall have received a license or diploma for that purpose, from one of the incorporated medical societies in this State; or the degree of doctor of medicine from the Regents of the University; or shall have been duly authorized to practice by the laws of some other State or country."

The license to practice physic or surgery is, therefore, a certificate or diploma differing from a diploma granting or conferring the degree of doctor of medicine; unless the degree has been conferred by the Regents of the University, or by certain specified colleges or universities, enumerated in the statute, whose diploma carries with it the right to practice.

Every person licensed to practice physic or surgery must deposit a copy of his license to practice in the office of the clerk of the county where he resides. [1st R. S., 6th ed., p. 1113, § 28.]

The organization of county medical societies is provided for by the laws [2d R. S., 6th ed., p. 487,] passed April 10th, 1813. The same act confers on them power "to make such by-laws and regulations * * * relative to the admission and expulsion of members" as at any annual meeting shall be deemed proper by a majority of the members [p. 489].

By a subsequent act, passed in April, 1866, they have also power to establish rules and regulations for the government of their members.

Accordingly, the Medical Society of the County of New York has established a code of By-Laws, containing such rules and regulations. Chapter XII of those By-Laws, entitled Admission of Members, has reference to any physician or surgeon who applies for admission.

A physician is one skilled in the art of healing, whose profession is to prescribe remedies for diseases. [Webster.]

It includes an adept in the science of medicine, who has received from some authorized body a diploma that confers a degree indicative of proficiency in the science. That diploma in some cases is, in others it is not, a license to practice. It is not such a license unless conferred by certain specified colleges, or the Regents of the University.

The Medical Society of the County of New York might have provided by a By-Law that, in such cases, where a diploma is not a license to practice, the applicant for admission should be examined by its censors, *Comitia Minora*, or otherwise, but it has no such By-Law. Chapter XII, entitled "Admission of Members," requires that the "testimonials relative to his or her professional qualifications shall be placed in the hands of the Secretary, who shall lay them before the *Comitia Minora*, whose duty it shall be to examine the same, and if it approve thereof, shall grant him or her a certificate of membership, subject to the approval of the Society."

There are certain other articles that require the applicant to sign the By-Laws; recording the State or country of his birth, and his medical rank or station; and also to pay an initiation fee; on compliance of which he shall be considered a member of the County Society.

There is another By-Law, Chap. XV, headed "Licentiates," which provides: "All candidates for a license to practice physic and surgery" shall be examined and recommended by the Censors before admission to the County Society.

It has been suggested that this By-Law includes physicians or persons holding the degree of M.D., whose diplomas do not confer the right to practice.

On reflection, I do not think that view can be maintained. A diploma from an incorporated medical institution is the evidence of qualification; and it is not competent for the County Medical Society to go behind it.

I think that Chap. XV was intended to include students who have no diploma from a chartered institution; but who apply for a license to practice after a course of study in some other school or physician's office.

Such applicants for a license to practice physic are not physicians.

By Chap. 436 of the Laws of 1874, p. 556 [see also 1st R. S., 6th ed., p. 1118], which is an "act to regulate the practice of medicine and surgery in the State of New York," it is enacted as follows:

§ I. Every practitioner of medicine or surgery in this State, except licentiates or graduates of some medical society or chartered school, shall be required, and they are hereby commanded, to obtain a certificate from the censors of some one of the several medical societies of this State, either from the county, district or State society; "which certificate shall set forth that said censors have found the person to whom it was issued qualified to practice all of the branches of the medical art mentioned in it, and such certificate must be recorded in a book provided and kept for the purpose by the county clerk, in each county of the State."

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By Sec. III of the same act, it is made a misdemeanor for any person to practice medicine or surgery in this State, unless authorized to do so by a license or diploma from some chartered school, State Board of Medical Examiners, or Medical Society.

This late statute seems to imply that diplomas from a chartered medical school are good evidence of qualification as a physician. The institution that granted to the applicant her diploma is a chartered medical school within the meaning of the statute.

The cases of "*the People vs. Medical Society of Erie County*," 24th Barb., 570; and 32 N. Y., 191, and also the case above cited from 1st Hill, seemed to establish the doctrine that a regularly licensed physician has the right of admission to the County Medical Society on compliance with its By-Laws.

I think, therefore, the Secretary should furnish Mrs. Black with a copy of By-Law, Chap. XII, and inform her that on compliance with its provisions she will be entitled to admission to the County Society.

E. L. FANCHER,
Counsellor at Law.

NEW YORK, April, 1880.

E.

At the annual meeting of the Medical Society of Richmond County, N. Y., held July 7th, 1880, the following resolution was unanimously adopted:

"*Whereas*, Dr. H. G. Piffard, at the meeting of the American Medical Association on June 4th, 1880, offered a resolution impeaching the standing of the Richmond County Medical Society, on account of the alleged former irregularity of one of its members; and whereas, this Society is in possession, after careful inquiry, of evidence showing that the member referred to has been recognized as in regular professional repute since his graduation, and that his position in this respect was known to Dr. Piffard at least as long ago as in 1869; therefore

"*Resolved*, That the above-mentioned resolution offered by Dr. H. G. Piffard must have been known by him to be utterly invalid as regards the standing of the Richmond County Medical Society, and could only have been prompted by an intent to injure the character of a physician whose record has been before the profession for many years."

That a copy of this resolution be forwarded by the Secretary to the principal medical journals.

W. B. WALKER, M.D., *Secretary*.

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## 7. REPORT OF THE COMMITTEE APPOINTED TO CO-OPERATE WITH THE NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

At the meeting of the Medical Society of the State of New York, held on February 4th, 1880, it was resolved that the President appoint a Committee, consisting of five members, to co-operate with the "New York Society for the Prevention of Cruelty to Children," in all things pertaining to the physical and moral welfare and safety of infants and children, and report at the next annual meeting. The members of the Committee were: Drs. S. O. VanderPoel, of Albany; E. M. Moore, of Rochester; James P. White, of Buffalo; Joseph C. Hutchison, of Brooklyn, and the undersigned Chairman.

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In reference to the several points discussed with the President of the New York Society for the Prevention of Cruelty to Children, the following letter was received:

THE NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN,
100 EAST 23D STREET, NEW YORK,
January 31, 1881.

*Dr. Abraham Jacobi, Vice-President State Medical Society:*

DEAR SIR—Aware of the great influence which your Society possesses throughout the State and with the Legislature, and in recognition of the material aid which its members have always generously accorded to the work of this Society in its efforts to rescue helpless little children from pain, suffering and misery, I venture to suggest the following matters at the present time, as worthy of consideration by your Society at its ensuing annual session.

1. The subject of *wet-nurses*, is one particularly deserving of careful consideration. This is a matter which more peculiarly demands attention in our large cities. Where the health of the mother renders it impossible for her to nurse her own offspring, she is compelled either to resort to artificial means of support for her infant, or to the procuring of some other mother to take her place. The result has been, in our large cities, a species of "wet-nurse agency," by which the medical man to whom is entrusted the important responsibility of selecting and procuring the wet-nurse, is furnished with the names of those who have recently become mothers and are willing for pecuniary considerations to supply the place of wet-nurse. The abuse growing out of this, and which has been painfully brought to the notice of this Society in more than one instance, has been a species of "baby farming," incidental to those who make an habitual practice of living as wet-nurses for the wealthy, at a large remuneration, and of farming out their own children, where the latter are subjected to unusual hazards from imperfect nutrition and want of the mother's care. It is not an unusual thing for a woman to take care of a number of children thus farmed out, and, after spending the money received from the ignorant mothers who live as wet-nurses, with but few opportunities of inspecting the condition of their own children, to practically neglect them, and deprive them of medical aid when they most need it. The result is a frightful mortality, especially in the summer season, among children who, in the eyes of this Society are equally entitled to protection with those belonging to the wealthy, and who are nourished with the food which nature designed for the former. In addition to this, the women who serve as wet-nurses, owing to a want of systematic examination and the issuing to them of a proper license by a competent medical man, are frequently employed for that purpose when suffering from either strumous or syphilitic constitution, which results in the imbibing of liquid poison, the effects of which are perhaps not visible for years after, by the unfortunate child they are called upon to nourish. It does seem to me that this subject of wet-nurses is one which ought properly to be placed entirely under the control of the medical profession. In each county there should be a standing committee of medical men to examine and license those desirous of serving as wet-nurses. A woman should be prohibited from acting in that capacity without such a license duly granted, and which license should be revocable at the will of the Board issuing it. At the same time, that Board could very readily provide for the proper maintenance of the child of the wet-nurse, either in a suitable institution, or under its own surveillance, in such a manner as at all events to diminish the probabilities of the mortality which now prevails.

2. *The Employment of Children of Tender Years in Unwholesome Occupations.*—In our large cities a very great number are hired at a miserable pittance, in feather factories, paper collar factories and paper making factories, in which poisonous aniline and other dyes are used to a great extent. The imprisonment of these children in close rooms, with unwholesome particles floating through the air, resulting from the use of the material which they are engaged in manipulating, is, I am informed, a prolific source of early disease, and is particularly productive of pulmonary complaints. So, too, the use of children in tenement houses, in the sorting and rolling of tobacco leaves for the purpose of the manufacture of cheap cigars, is another matter deserving of medical attention. I am assured that the tobacco dust which is necessarily inhaled in these manipulations is very injurious, not only to the respiratory organs, but also to the nervous system of the children em-

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ployed. In all these cases the law (Laws of 1876, Chap. 122,) prohibits the employment of any child under the age of sixteen years in any business, exhibition or vocation injurious to the health, or dangerous to the life or limb of such child. And the question with which this Society has to deal is, whether the specific business or vocation in question is, in a medical point of view, so injurious or dangerous. The pronounced opinion of the medical profession in every such case is controlling alike with a court and jury. The only difficulty is a difference of opinion on the subject between medical men. It does seem to me that the concentrated wisdom of the entire medical profession, openly expressed at the annual gathering of its most eminent members throughout this great State, would be alike controlling with the Legislature, the Court and the Jury, in cases where these employments are resorted to of children within the specified age simply as a method of pecuniary benefit to the parents. The law requires that the parent shall protect the health and life of the child; that the parent shall not utilize the child, merely for the purposes of pecuniary advantage, to the detriment of its health, life or limb. It is the province of this Society to protect the children, first and last. With the needs of the parent it has nothing to do. If the parent is unable to protect the child, the law points out a simple and adequate method of dealing with such a case; but hundreds of children in our great cities are hourly compelled to discount their future existence, by engaging in employments of the kind which I have indicated, at an age when their little physical systems are unable to grapple with the inroads of diseases, made by the dangerous and pernicious influences resulting from the employments in question. In France a recent statute has been passed containing a supplementary list of occupations in which the employment of children is forbidden, the reasons alleged being principally from the danger of explosions, burning or deleterious vapors. The industries thus vetoed are the manufacture of aniline, benzine, collodion, nitrate of methyle, sulphuret of arsenic, sulphuret of sodium, and of blister-leaves; in the textiles, of rag sorting, and the scouring of skins and woolen waste with petroleum or other hydro-carburetted oils; in the metal trades, the galvanizing of iron. Children are also not allowed to be employed in places where chemical allumettes are stored, nor in those processes of their manufacture where the mixture is prepared or the matches put up into packets. A partial employment only, under certain conditions, is allowed in industries where sulphuric acid is engaged, such as in wool and silk bleaching, as well as in those where unwholesome dusts are given off, as in the preparation of tow for rope, and the manufacture and cleaning of bladders for toy balloons.

3. *The proper medical care of children* is a matter also worthy of consideration. Only recently, in the month of October last, a child was found in the top story of a tenement house in 47th street in this city, in charge of drunken parents, deprived of light and all of the ordinary comforts of life, and suffering from a fearful ulcer, accompanied with a necrosis of the bone of the right leg just above the knee. The parents *refused* to permit the child to be sent to any hospital, and asserted that they were competent to deal with the case without medical interference. It was only by very adroit management on the part of the Society that sufficient evidence was obtained to warrant the arrest of the parents, and the child was sent to the Roosevelt Hospital, where, it is needless to say, under the excellent surgical care of the professional gentlemen connected with that noble institution, its health has continued to improve, and before long it will be permanently cured. An Act of the Legislature, authorizing the examination of any child by a properly licensed physician or surgeon within the district, by an order of the Supreme Court, on the application of the Society, on facts presented, would, it is believed, very greatly facilitate the rescue of very many children from the ignorance and stupidity of parents, whose prejudice against hospitals and medical men practically deprives the child of that right to the enjoyment of its health and life, which it is the intention of the people of this State to secure to even the humblest of its members.

I have enumerated above only a few of the crying evils existing at the present day in relation to children, which come within the province and knowledge of this Society, and which it desires to rectify. I am confident that the hearty co-operation of your excellent Society will not only strengthen the hands of this Institution, but greatly conduce to the spread of those humane sentiments which are implanted in the breast of every conscientious medical man, and will further the weight and influence of the Medical Profession, in alleviating the sufferings to which humanity is heir.

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A proper memorial from your Society, at the present time, to the Legislature, would, I am sure, meet with prompt attention.

I have the honor to remain, with profound respect,

ELBRIDGE T. GERRY, President, &c.

In regard to the first point contained in President Gerry's letter, your Committee fears that a plan of effective superintendence, such as proposed, is hardly feasible. A certificate given to a wet-nurse may prove dangerous to the public seeking to employ a wet-nurse, for the changes in the health and milk supply of a nurse are frequently very rapid. In families employing a wet-nurse, the attending physician will superintend and control. The infants of the rich are not endangered, but those of the wet-nurse, left to the care of strangers, require particular attention. They, and the infants of the poor in general, who have no breast milk, are those in whose favor your Committee would enlist your sympathy, and requests you to listen to the following remarks and propositions. In this connection it may be stated, that they have been presented for the consideration of the Board of Trustees of the Thomas Wilson Sanitarium, Baltimore, Md., and are herewith laid before you for your scrutiny, and if possible, adoption:

The mistakes in the diet of young children and the injurious effects due to them are the result of ignorance, on the part of mothers or nurses, in regard to what constitutes proper nourishment, and how to obtain it fresh and unadulterated. Ignorance cannot be cured at once. As to the feasibility of supplying the poor infants in large communities with wholesome, fresh and unadulterated food, however, we desire to make a practical proposition.

We insist upon the fact, that the part of the population which is subject more than any other to acute disease and chronic ailments consequent upon improper feeding, is under two years of age; that the greater mortality is in individuals not above that age, and is due mainly to diseases of the alimentary canal. It is, therefore, in regard to the food which is required during the first two, or perhaps three, years of life, that we desire to speak.

The food of infants and children is of such a nature as to render a sufficient and wholesome supply easily obtainable. Except under circumstances to which we will allude, no variation in the diet is required, and no stimulants; no spices, no mixtures. Day after day, month after month, the baby takes the breast, or sucks its bottle. The child eats the same plain food every morning, noon and night without longing for a change—in fact, refusing a change, and yet thrives. Thus, it will be seen that the bill of fare for babies and children is a very simple one, easily enumerated, and, as a rule, easily procured. The mercenary spirit of tradesmen, as exhibited in the recklessness with which they practice deception and thus exert a depreciating influence upon the health of the community in general, and children in particular, is the reason why we desire that some means should be devised by which an adequate supply of wholesome food may be placed within the reach of every infant and young child of the poor class.

The safest food for an infant is the breast-milk of either its mother or a wet-nurse; a wet-nurse is out of the question for the babies of the poor. When no breast-milk can be had or the supply is insufficient, substitutes may be employed. As soon as weaning becomes a necessity, which, under ordinary circumstances, is after a few teeth have made their appearance, artificial feeding takes the place of the natural supply. The articles of food remain the same for a long time, no change being required except a gradual increase in the consistency of the meal.

What this nourishment should be, one of your Committee has stated in a little book on "Infant Diet," second edition, 1875, and in an essay on "Infant Hygiene,"

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edited by Dr. Buck, New York, 1879. The rules laid down in these publications are the result of no mere theoretical convictions, but the outgrowth of experience collected during a quarter of a century. They are borne out by chemical facts and the teachings of infant physiology. In the hands of the Board of Health of the City of New York, by whom they have been extensively published and distributed in the beginning of every summer for the last eight years, they are known to have done much good: they have certainly done so in our hands. With the judicious official additions, mainly under Section III, made by the Board of Health, they read as follows:

## RULES FOR CARE OF INFANTS.

HEALTH DEPARTMENT,
No. 301 Mott Street, New York.

At a meeting of the Board of Health, held June 3, 1873, the following series of rules (approved by many physicians) for the management of children during the hot season, with a view to prevent the large annual mortality of this class, was submitted by the Sanitary Committee, and ordered to be printed:

### I.—NURSING OF INFANTS.

Over-feeding does more harm than anything else; nurse an infant a month or two old every two or three hours.

Nurse an infant of six months and over, five times in twenty-fours, and no more.

If an infant is thirsty, give it pure water, or barley water, no sugar.

On the hottest days, a few drops of whiskey may be added to either water or food; the whiskey not to exceed a teaspoonful in twenty-four hours.

### II.—FEEDING OF INFANTS.

Boil a teaspoonful of powdered barley (ground in coffee-grinder) and a gill of water, with a little salt, for fifteen minutes, strain, then mix it with half as much boiled milk, add a lump of white sugar, size of a walnut, and give it lukewarm, from a nursing bottle. Keep bottle and mouth-piece in a bowl of water when not in use, to which a little soda may be added.

For infants five or six months old, give half barley-water and half boiled milk, with salt and a lump of sugar.

For older infants, give more milk than barley-water. For infants very costive, give oatmeal instead of barley. Cook and strain as before. When your breast-milk is only half enough, change off between breast-milk and this prepared food.

In hot weather if blue litmus paper, applied to the food, turns red, the food is too acid, and you must make a fresh mess, or add a small pinch of baking soda. Infants of six months may have beef tea or beef soup once a day by itself, or mixed with other food; and when ten or twelve months old, a crust of bread and a piece of rare beef to suck.

No child under two years ought to eat at your table.

Give no candies, in fact, nothing that is not contained in these rules, without a doctor's order.

### III.—SUMMER COMPLAINT.

It comes from over-feeding and hot and foul air. Keep doors and windows open.

Wash your children well with cool water twice a day, or oftener in the hot season.

Never neglect looseness of the bowels in an infant; consult the family or dispensary physician at once, and he will give you rules about what it should take and how it should be nursed. Keep your rooms as cool as possible; have them well ventilated, and do not allow any bad smell to come from sinks, privies, garbage boxes or gutters about the house where you live. See that your own apartments are right, and complain to the Board of Health, 301 Mott street, if the neighborhood is offensive. Where an infant is cross and irritable in the hot weather, a trip on the water will do it a great deal of good (ferryboat or steamboat), and may prevent cholera-infantum.

By order of the Board.

CHAS. F. CHANDLER, President.

EMMONS CLARK, Secretary.

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The object, then, is to place a full supply of food within the reach of every infant or young child. Such articles of food are powdered barley, or powdered oatmeal, sugar, milk and eggs. To children, they should be supplied in about the following quantities: Powdered barley, a package of one-half pound to a child under one year of age every week; two such packages for a child of from one to two years of age. When oatmeal is required it may be supplied in the same quantity as barley. Eggs, seven a week for a baby a year old or less; fourteen a week for a baby over a year old. Sugar, half a pound a week. Milk, twelve ounces for a baby under a year twice daily; twenty ounces for a child over a year twice daily.

It is only in regard to the milk supply that there is any actual difficulty. Adulterations can be avoided by careful watching and examination, but the influence of heat on cow's milk is such that it is difficult to avoid the danger of acidity and fermentation during the hot days, for cow's milk when leaving the udder is sometimes not alkaline. The transformation of milk-sugar into lactic acid takes place very rapidly, and a single failure in procuring sweet and proper milk may be the cause of disease and death.

The frightful mortality due to improper food is easily explained, and the efforts which are put forth to avoid it, to be of any avail, must be permanent and persistent. We propose that there should be a place or places in large cities, and particularly in New York, where the infants and young children of the poor may be supplied with the simple though sufficient articles of food. The only risk in establishing such stores would be the salaries of saleswomen. But these expenses may as well be borne by the purchaser, for we do not propose that a large part of the population should be a receiver of alms. From a humane and economical point of view only, we insist that the poor should be enabled to buy an absolutely good quality of the necessaries of life and health. It is they who are more liable to be deceived as to quality and price in all they obtain. Hence, whatever the infant requires, in the way of food, ought to be bought by those who are responsible for it, at a fair price. By responsible party, is meant the working man who supplies his family, or society which sustains its members not provided with family support.

One good cow will supply milk for five babies or five children over a year old. A full supply of good milk ought to be transported to the city twice daily for all infants and children who come under the provision of this arrangement. Careful watching is required. While the admixture of water does not harm milk except by diminishing its relative value, it is still a deception to be guarded against. Admixture and adulteration always require the application of proper tests. Though we expect that fresh milk will be supplied, souring takes place so rapidly that we deem it proper to guard against it; at all events, in the summer months. We recommend that the milk be not sold in its raw condition, but boiled at once. It is an unmistakable fact that boiled milk keeps better than raw milk. Still another step may be taken in a different direction. We propose that an addition of bi-carbonate of soda be made to the milk that is sold for infant food in the proportion of one part to a thousand. This small quantity will retard the souring of the milk somewhat. The addition of the sodium salt to cow's milk and its admixture with farinaceous substances render it more similar to woman's milk in regard to the chemical constituents of its salts. The purchasers of such milk should, after all, be directed to carefully boil it again, for, by repeating the boiling, souring will be effectually prevented.

The sale of food should be a permanent affair, and not limited to the summer months, for though the influence of summer heat is certainly most detrimental in

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connection with improper feeding, yet the latter is at all times the main source of danger and permanent injury to infants and young children.

Mortality from diseases of the alimentary canal is great in winter as well as in summer. Although these diseases are not fatal to the same extent in winter, the amount of harm done to the digestive organs, lymphatic glands and powers of assimilation, which persists after apparent or partial recoveries, can only be judged from the large number of dyspeptics and these prematurely decrepit both physically and mentally, who owe their illness to chronic or acute disorders of the alimentary canal during early life.

Persons making application to be regularly served should, before such permission is given, be known as deserving the privilege. This information can easily be obtained in regard to those who have had occasion to apply at dispensaries for treatment, or the applicants can prove their claim by a note from a neighbor or the attending physician. At all events, care should be taken lest that part of the population, who under the present arrangement of society must be expected to pay a legitimate percentage of profit to the class of traders, should avail themselves of undue advantages and deprive worthy customers of their rights and privileges. The well-to-do have more facilities for guarding against being deceived and over-charged than those in whose favor we mean to interfere. There is one advantage at least which those in comfortable circumstances will gather from these efforts in behalf of the poor. The public sale of the simplest food for infants and children, which at the same time is the very best, will always constitute a powerful admonition and source of instruction to the whole community. The fact that infants and children will only bear, and absolutely require plain, simple, wholesome nutritious food cannot be repeated too often. Let the practical teaching proposed by us be a warning and a blessing by communicating to the public at large the information, that the few articles we sell to the poor are those which are best adapted to the rich, and the only ones for the feeding of infants and young children of both the poor and rich. Nature is too public in spirit, too democratic in character to bow to differences of social standing. In this connection we again insist upon the fact just stated which appears to be so self-evident as not to deserve mention. Still, with the utmost pertinacity the public insist upon giving their babies, as soon as weaning time arrives, such articles of food as they know nothing about. When an adult sits down to a meal and finds placed before him articles of food with which he is not familiar he makes inquiries in regard to such articles before eating them. The baby, however, is credulously fed upon things with which the child, father, mother, or doctor has not the least familiarity; we refer to the foods for babies in the market and in general use. Most of these foods which are sold in large quantities have a composition which is unknown. When a manufacturer deigns to say anything about his merchandise, it is to the effect, that the food offered is the best in market, that it is the proper thing and only thing for children and invalids of all ages, that the relation of the albuminous substances to carbo-hydrates is exactly correct, and that a package costs a certain amount of money. In regard to this subject the public appear to be smitten with absolute blindness. They insist upon forgetting, that the man who offers for sale and advertises at a heavy expense, does so, as society is constituted, for his pecuniary advantage solely. To say, that when the article offered is not good it will find no market, is deceiving yourselves, experimenting on your baby, relying on the character of a single man or corporation, on the honesty or intelligence of the manufacturer's chemist, or his superintendent, or his workmen, on the nature and condition of the elements used in the composition of the article, and on ever-so-many influences, which can work before the manufactured article gets



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into the the hands of the consumer. Why the sellers and advertisers of unknown compounds should be more trusted than those who raise and sell a simple article of food such as milk, which is constantly adulterated, can hardly be perceived. Is it necessary to say that the factory furnace is lighted more in the interest of the proprietor than for the benefit of the public, and that the examination of many of the foods for sale in different packages and in different years, yielded different chemical and analytical results?

Meanwhile it is a fact, that no better food can be procured than what nature offers with a willing hand, for little work, at a trifling expense. There is no food on which infants and children of all classes thrive better, thrive so well, as the few articles the sale of which, in the manner described, is recommended to you. In this respect at least, and at this early age, there is equality amongst the members of society. Therefore the sale of no patented article of food will ever be recommended by us, nor do we see that any thing could be added to the articles above enumerated with the exception of brandy. The influence of the summer heat is not only destructive in its effects upon food, but also, and mainly, by its debilitating influence upon the nervous system. It is a physiological fact always observed and firmly founded on experimental science, that the nervous system of little babies is easily overthrown by two entirely different conditions, both of which are equally dangerous. The nervous system of the newly born baby is rather torpid and dull in its action; there is in it very little nervous function, the sensitive part being particularly poorly developed. This condition depends upon the crude and undeveloped state of the brain and nervous system from an anatomical point of view. The nervous system of the baby is not yet fully differentiated into its later constituents; it is not mature. Thus a slight influence from without may extinguish the light which is burning but dimly. After a number of months, however, the sensitiveness of the rapidly developing baby brain and nervous system is so great, while the equilibrium between the several constituents is not yet established, that slight disturbances will result in irregular reflexes, convulsive movements and death.

The influence of heat exhausts not only the action of the great nerve centre, but also the peripheral nerves,—mainly of the digestive organs. There are days in which a stimulant may safely be and should be given to an apparently healthy child. When the baby can be taken from the stifling room to a gentle breeze, from the rear of his tenement with the exhalations from the sewer or privy to sea air or the mountains, it is not required. But when the hot season is at its height and the baby is suffering from it, without an opportunity to escape, a few drops of brandy are required; under such circumstances it is not simply a preventive remedy. The clamor of a few temperance papers and fanatics over the teaspoonful of brandy or whisky recommended in the rules distributed by the New York Board of Health, has not prevailed upon that authority to withdraw the advice, and has not prevented that advice from rendering good service.

We therefore propose that an ounce of brandy or whisky per week be added to the list of foods for sale during the four months from the fifteenth of May to the fifteenth of September, providing the weather is dangerous, as must always be expected at that time. Whether you will conclude that the sale of the above article in the quantity mentioned, ought to be controlled by the advice or direction of a physician may perhaps depend on local or personal considerations and must be left to your wisdom. At all events your Committee request that the State Medical Society express their approval of this, or a similar, plan to supply the infants and young children of the poor of the large cities with normal, plain and wholesome food. Your sanction of such a plan will undoubtedly result in facilitating the put-

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ting in practice of a scheme which, as we firmly believe, will render great and lasting service. The pecuniary aid, required in the commencement, is more likely to be obtained, when those, who have the means, are made aware that the Medical Society of this great State has willingly and heartily endorsed the suggestions embodied in this report.

The persons, to whom the sale of such articles of diet as we have mentioned could be trusted, must be selected with care. There should be a small store, or a number of stores, arranged for the purpose in convenient parts of the city; or the necessary articles may be placed on sale in groceries, apothecary shops, or rooms adjoining dispensaries.

In regard to the second point contained in President Gerry's letter, viz., the employment of children of tender years in unwholesome occupations, he is probably mistaken when he believes that there is a difference of opinion between medical men. The subject is well stated by him and refers to an outrage which requires the interference of the Medical Society of the State of New York. The Committee, appointed as below, is to be instructed after mature deliberation and careful study of the occupations in question, of the laws existing both here and in Europe, to co-operate with the Society for the Prevention of Cruelty to Children, for the purpose of securing a Legislative act protecting children from the dangers inflicted upon them constantly, by improper employment.

In regard to the final suggestion of the President of the Society for the Prevention of Cruelty to Children, your Committee would direct attention to some facts, which undoubtedly can be confirmed by every medical gentleman connected with public charities. Within the last twelvemonth, and many times before, cases have happened, in the hospital practice of your Committee's chairman, in which children sick with serious, but not necessarily fatal, diseases have been removed from the ward and taken home to die of disease and neglect combined, when the disease might have been stayed by careful nursing and skilled treatment. These occurrences did not take place in consequence of ignorance, but of wantonness and obstinacy. A few days ago, a child with hip disease, whose mother (who moreover is dependent on and eagerly seeking aid from the sympathizing public) some months ago, was, with difficulty, induced to put the child in charge of your Chairman's ward in the Mount Sinai Hospital, was removed and taken home. She was improving, but too slowly for the wilful anxiety of the mother. What will be the unavoidable result? The child, if she lives, will be a cripple, or a cripple and criminal combined. She will be the victim of her ignorant and vicious mother, and all the hopes of the young being will be blighted, to say the least, and, not only the child, but also the commonwealth be made to suffer. That child, if she lives, will be a permanent source of care and expense, to the community, who, in future, will have to feed and clothe her, to nurse her in hospitals or asylums, or to punish her in penitentiaries.

Such outrages ought not to be permitted. Thus far, any ignorant, petulant and insolent mother, any drunken and loafing father may have control of the innocent young. All the wisdom, willingness and sympathy of society, or the State, goes for nought. The commonwealth must in future see that those who cannot help themselves, must be helped, in the interest of both the individual sufferer and the community. Thus your Committee is prepared to move: That a committee be appointed by you, who, in connection with the New York Society for the Prevention of Cruelty to Children, shall apply to the Legislature for an act providing for the helpless sick children, whose health and life are endangered, by those who ought to be their natural guardians, but who prove, by their acts, their enemies.

A. JACOBI, Chairman of the Committee.

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## 8. REPORT OF THE CENSOR TO SYRACUSE UNIVERSITY MEDICAL COLLEGE.

Your Censor, together with two other medical gentlemen appointed for the same purpose, attentively watched the examination of six gentlemen of the graduating class of the Medical College of Syracuse University, and all were impressed with the readiness with which correct answers were given to most of the questions put by the Professors. The fact that in an oral examination, a few of the questions were not rightly answered, when question and answer followed each other in quick succession, does not mar the general good impression made by the whole proceedings. The answers given to a large number of the questions put by some of the Censors demonstrated, that not a few of the candidates had a good general knowledge of medicine and were capable of deliberation and logical thinking.

Now, an oral examination always carries with it an impressiveness, which is apt to confuse and bewilder a candidate. In a written examination, the absence of constraint and hesitation allows of more thoroughness than is possible in an oral examination. The Censors declare that the written examinations laid before them were highly satisfactory, for, while the essays showed competency in medicine, they proved besides, that the young gentlemen were not only medically, but generally, well educated. The latter point is one that cannot be urged too forcibly upon both the profession and the public. The medical profession is becoming more and more convinced, that the future welfare of its members and the public at large depends upon the general education of the practitioner. Of all the colleges in the State of New York, the Medical College of Syracuse University, was the first to introduce a graded course of instruction, and to require an examination preliminary to the study of medicine. Too much praise cannot be bestowed upon the Professors who did not fear to reduce the quantity of their students in the interest of the quality; leaving the faculties of dozens of medical colleges behind, they rank, in their intentions certainly, with those of Harvard and the University of Pennsylvania.

The students of Syracuse University have a peculiar advantage. It is a well authenticated fact, that the students educated in the smaller universities of Germany and France are better prepared than those who have spent three, four or five years in the great lecture-rooms and amphitheatres of the large schools of Berlin, Vienna, or Paris. A student requires more than large museums, hundreds of patients and large libraries to learn from. As much as anything else, he requires the eye of his teacher, the personal contact with his professors, and personal observation. It is not a shipload of stores that gives strength and health. It is food, carefully and systematically selected for the individual stomach and its digestive powers, that is beneficial. Therefore, instead of complaining of the small number in the classes, the Censors congratulate the students upon their increased individual facilities in their first studies, the professors upon their greater success in teaching, and the public upon the better intellectual character of the young gentlemen educated in this institution.

I desire to say that in an address to the public of Syracuse on June 10th, 1880, in addition to the above remarks, I spoke at further length upon the advantages of collecting students in small classes and having them under the immediate supervision of competent teachers. Admitting all this, the drawbacks of such a condition of things should not be forgotten. The difficulties of pursuing medical studies increase in proportion to the absence of the possibilities of study. The ideal medical college, in addition to admitting none but well-prepared students to its classes, though they may not have a classical education, should afford abundant material to learn from:

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anatomical material, museums of anatomy and zoology, mineralogical collections, botanical gardens, ample reading room, large libraries, clinical facilities and a large body of professors and teachers of all branches. The very best and most amply supplied colleges in the States are the first to admit that but a beginning has been made in the direction of complying with all these wants. As not even the colleges in the larger cities, or the institutions aided or supported by the State come wholly up to the requirements of modern medical education, the difficulties in the path of the faculties of medical colleges located in smaller towns are evidently very great. Not only are the clinical advantages apt to be too small and the museums, libraries and anatomical subjects insufficient, but the faculty may also find themselves cramped for want of able teachers. A dozen or more of competent medical teachers are not easily found in any community. The hard experiences and drudgery of practical work paralyze the purely scientific effort, and tax to an extreme degree the powers of the most capable brain coupled with great physical endurance. Many a a good man cannot think of assuming the responsibility of a public teacher, in addition to the performance of his daily duties. Besides, if there be men capable and willing to teach those branches by which no livelihood can be earned, they are more apt to be found in large cities, if at all, than in smaller communities. If they are to teach, they must live, and where there are no funds from which ample salaries can be paid, many important branches of medical instruction have to be omitted altogether.

Moreover, the changes and necessities of life are such as to demand frequent changes, in the ranks of the faculty and adjunct teachers. This certainly does not enhance the unity of instruction and the feeling of permanency and safety, on the part of the professors, and, in view of this fact, we cannot help expressing a fear that, unless pecuniary aid be obtained, either from the commonwealth or from wealthy individuals, many seats of learning will not render services commensurate with their ambition. Medical students do not require to be rich, as a celebrated European professor has lately claimed, but a medical college must be rich, in order to comply with both the requirements of modern teaching and the wants of medical students, who have enough intellect and ambition to compare satisfactorily with those who have studied under the most favorable circumstances.

While the Censor appointed by you has marked out some of the evils of medical education, he cannot at the same time offer remedies for them, but must limit himself to expressing his opinion concerning wants which cannot be supplied with the present means, but which he hopes and relies upon the future to satisfy.

A. JACOBI.

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## 9. REPORT OF THE DELEGATE TO THE DECENNIAL CONVENTION OF 1880, FOR REVISING THE UNITED STATES PHARMACOPŒIA.

In conformity with the resolution passed in 1879, under which the delegation to the Convention for revising the United States Pharmacopœia was elected, the chairman of the delegation should make a report to this Society. As the only member of the delegation that attended the Convention, I assume to myself the functions of chairman, and accordingly report, that, after a pleasant journey—the latter part of it being rendered doubly pleasant by the company of a large number of delegates

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from New York City and the Eastern States—I arrived in Washington the evening before the assembling of the Convention. I found a good deal of interest among the delegates as to the permanent organization of the Convention, and as it was thought desirable that the delegation from this Society should be fuller, an attempt was made by telegraphing to the President of this Society, to supply the vacancy by appointment from members of this Society then present in Washington. But, through misapprehension, the answer of the President was telegraphed to Syracuse, instead of to Washington, and the delegation remained unfilled. The Convention assembled at the National Medical College, at noon of May 5th, 1880. About seventy delegates were in attendance. Eleven Colleges of Pharmacy, five State Medical Societies, one District Medical Society, one County Medical Society, under its own name, and one under an alternate name, one Academy of Medicine, sixteen Medical Colleges, and the Army, the Navy, and the Marine Hospital Service of the United States were represented. A Nominating Committee, embracing something over half of the Convention, was made up from the several delegates present. Through this, after quite a close contest, the permanent organization was effected. To this Committee were afterwards assigned, the elaboration of the principles on which the revision of the Pharmacopœia should be conducted, and the selection of the Committee of Revision, the number of which was placed at twenty-five. The main business of the Convention was transacted in this Committee. A very wide divergence of views on some points, gave rise to animated, yet courteous, and protracted discussion, so that the Committee was not ready to report till 10 P. M. of the second day of the Convention. The report of the Committee gave rise to considerable discussion in the Convention at large, which continued in session till nearly two o'clock in the morning of May 7th, when it finally adjourned.

The Committee of Revision appointed is larger and more widely distributed than that of the Convention of 1870. An accomplished pharmacist and scholar, from New York City, Mr. Charles Rice, was made Chairman of the Committee. Three members of this Society were placed on the Committee—Dr. E. R. Squibb, whom the Convention with enthusiastic unanimity had elected a member, with all the rights and privileges of a delegate; Dr. Laurence Johnson and Dr. H. G. Piffard.

The plan of revision adopted by the Convention was substantially that recommended by Mr. Charles Rice, in his report to the American Pharmaceutical Association, and embraces the adoption of a complete alphabetical arrangement of the Pharmacopœia, instead the of division into Primary and Secondary lists and Preparations; the adoption of parts by weight in the formulas, instead of specified troy weights and fluid measures; the omission of formulas for the preparation of definite chemicals; the making of all liquid preparations of opium, except paregoric, of a uniform opium strength; chemical formulæ are to be given in both the old and the new notations, and degrees of temperature to be expressed by both Centigrade and Fahrenheit's scale. Whenever it is necessary, as in the directions for the division of a pill mass into pills, to express definite weights, the metric and troy weights are both to be made use of.

It is believed, that the constitution of the Committee of Revision and the plan adopted will result in a much more generally useful and acceptable Pharmacopœia than the last one.

The Convention enlarged the range of constituency for the next Convention, by adopting a resolution to embrace in the next call the several incorporated Medical Societies, incorporated Medical Colleges, incorporated Colleges of Pharmacy and incorporated Pharmaceutical Societies throughout the United States, the American

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Medical Association, the American Pharmaceutical Association, the Army, the Navy and the Marine Hospital Service of the United States. An effort was made by your delegate to have the call limited to such of the above-mentioned bodies as may be in harmony with the American Medical Association and the American Pharmaceutical Association, but without success.

The resolution of this Society referred to at the beginning of this report, also requires the Chairman of the delegation to present, to this Society, a bill of the expenses of the delegation in attending the Convention. These expenses amount to $33.22.

Respectfully submitted,

WM. MANLIUS SMITH.

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# ADDRESS

OF CLARK BELL, ESQ., OF NEW YORK, DELEGATE FROM THE MEDICO-LEGAL SOCIETY OF NEW YORK.

MR. PRESIDENT AND GENTLEMEN OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK: In responding to the request of your officers, to address this body upon the important topics of needed reform in the laws of this State, regarding the office of CORONER, I take great pleasure in laying before you some of the facts and circumstances, that have led to this discussion, and to explain the reasons, which have led me to appeal to your powerful association, for the moral support of the medical profession of the State, in a movement in which that profession has more at stake and will gain as much as the people at large, if the movement meets with that success its importance and merits demand.

At the request of the Medico-Legal Society of New York, I had the honor at its last session to submit to that body, my views upon this subject.

The executive committee of that society at its later and very recent session, appointed Prof. Frank H. Hamilton and myself to lay the subject before your society, and to ask your aid in a movement to affect the necessary changes in the existing laws.

The courtesy of your invitation is due to these circumstances, but your meeting was so close upon the session of our executive committee that I was unable to appear at an earlier hour in your session.

The whole subject of the office of Coroner, and of procedure under the laws regulating that office, and defining its powers and duties, has been made the subject of discussion, for a few years past, and has awakened public interest, both in England and the various States of the American Union.

The attention of the British public was most pointedly called to it by the admirable address of Mr. Farrer Herschell before the British Science Association, at Liverpool, in October, 1876, and public interest in this country soon followed.

The discussion was practically opened in America by an address made by Mr. Theodore H. Tyndale, of the Boston Bar, before the Department of Health of the American Social Science Association, which appeared shortly after in the Boston Medical and Surgical Journal, of March 1, 1877.

This gentleman, with the co-operation of a few others, and the powerful aid of the State Medical Society of Massachusetts, carried that discussion before the State Legislature in a general proposition to make a complete

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revolution in their system, which was substantially like our own, as inherited from our English ancestry and traditions which had handed down that strange creation of the past, the office of coroner, and what has sometimes been facetiously called "crowner's quest law."

It is not too much to say that mainly through the efforts of Mr. Tyndale, and of such gentlemen as he could bring to his aid, that discussion resulted in the adoption by the Legislature of Massachusetts, of an entirely new system, which can best be explained by the law itself, which passed on May 9, 1877, which was as follows:

AN ACT to Abolish the Office of Coroner, and to Provide for Medical Examinations and Inquests in Cases of Death by Violence.

*Be it enacted by the Senate and House of Representatives, in General Court assembled, and by the authority of the same, as follows:*

SECTION 1. The offices of coroner and special coroner are hereby abolished.

SEC. 2. The Governor shall nominate, and by and with the advice and consent of the council shall appoint, in the county of Suffolk not exceeding two, and in each county not exceeding the number to be designated by the county commissioners as hereinafter provided, able and discreet men, learned in the science of medicine, to be medical examiners; and every such nomination shall be made at least seven days prior to such appointment.

SEC. 3. In the county of Suffolk, each medical examiner shall receive in full for all services performed by him, an annual salary of three thousand dollars, to be paid quarterly from the treasury of said county; and in other counties they shall receive for a view without an autopsy, four dollars; for a view and autopsy, thirty dollars, and travel at the rate of five cents per mile to and from the place of the view.

SEC. 4. Medical examiners shall hold their offices for the term of seven years from the time of appointment, but shall be liable to removal from office at any time by the governor and council for cause shown.

SEC. 5. Each Medical examiner, before entering upon the duties of his office, shall be sworn and give bond, with sureties, in the sum of five hundred dollars, to the treasurer of the county, conditioned for the faithful performance of the duties of his office. If a medical examiner neglects or refuses to give bond as herein required, for the period of thirty days after his appointment, the same shall be void, and another shall be made instead thereof.

SEC. 6. The county commissioners in each county shall, as soon as may be after the passage of this act, divide their several counties into suitable districts for the appointment of one medical examiner in each district under this act; and when such division is made, shall at once certify their action to the secretary of the Commonwealth, who shall lay such certificate before the governor and council. But nothing herein shall prevent any medical examiner from acting as such in any part of his county.

SEC. 7. Medical examiners shall make examinations as hereinafter provided, upon the view of the dead bodies of such persons only as are supposed to have come to their death by violence.

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SEC. 8. Whenever a medical examiner has notice that there has been found or is lying within his county, the dead body of a person who is supposed to have come to his death by violence, he shall forthwith repair to the place where such body lies and take charge of the same; and if on view thereof and personal inquiry into the cause and manner of the death, he deems a further examination necessary, he shall, upon being thereto authorized in writing by the district attorney, mayor, or selectmen of the district, city, or town where such body lies, in the presence of two or more discreet persons, whose attendance he may compel by subpœna if necessary, make an autopsy, and then and there carefully reduce or cause to be reduced to writing every fact and circumstance tending to show the condition of the body, and the cause and manner of death, together with the names and addresses of said witnesses, which record he shall subscribe. Before making such autopsy, he shall call the attention of said witnesses to the position and appearance of the body.

SEC. 9. If upon such view, personal inquiry, or autopsy, he shall be of opinion that the death was caused by violence, he shall at once notify the district attorney and a justice of the district, police, or municipal court for the district or city in which the body lies, or a trial justice, and shall file a duly attested copy of the record of his autopsy in such court, or with such justice, and a like copy with such district attorney; and shall in all cases certify to the clerk or registrar having the custody of the records of births, marriages, and deaths in the city or town in which the person deceased came to his death, the name and residence of the person deceased, if known, or a description of his person as full as may be for identification, when the name and residence cannot be ascertained, together with the cause and manner in and by which the person deceased came to his death.

SEC. 10. The court or trial justice shall thereupon hold an inquest, which may be private, in which case any or all persons other than those required to be present by the provisions of this chapter, may be excluded from the place where the same is held; and said court or trial justice may also direct the witnesses to be kept separate, so that they cannot converse with each other until they have been examined. The district attorney, or some person designated by him, may attend the inquest and may examine all witnesses. An inquest shall be held in all cases of death by accident upon any railroad, and the district attorney or the attorney-general may direct an inquest to be held in the case of any other casualty from which the death of any person results, if in his opinion such inquest is necessary or expedient.

SEC. 11. The justice or district attorney may issue subpœnas for witnesses, returnable before such court or trial justice. The persons served with such process shall be allowed the same fees, and their attendance may be enforced in the same manner, and they shall be subject to the same penalties as if served with a subpœna in behalf of the Commonwealth in a criminal prosecution pending in said court, or before said trial justice.

SEC. 12. The presiding justice or trial justice shall, after hearing the testimony, draw up and sign a report in which he shall find and certify when, where, and by what means the person deceased came to his death, his name, if known, and all material circumstances attending his death; and if it appears that his death resulted wholly or in part from the unlawful act of any other person, he shall further state, if known to him, the name of such person, and of any person whose unlawful act contributed to such

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death, which report he shall file with the records of the superior court in the county wherein the inquest is held.

SEC. 13. If the justice finds that murder, manslaughter, or an assault has been committed, he may bind over, as in criminal prosecutions, such witnesses as he deems necessary, or as the district attorney may designate, to appear and testify at the court in which an indictment for such offence may be found or presented.

SEC. 14. If a person charged by the report with the commission of any offence is not in custody, the justice shall forthwith issue process for his apprehension, and such process shall be made returnable before any court or magistrate having jurisdiction in the premises, who shall proceed therein in the manner required by law. But nothing herein shall prevent any justice from issuing such process before the finding of such report if it be otherwise lawful to issue the same.

SEC. 15. If the medical examiner reports that the death was not caused by violence, and the district attorney or the attorney-general shall be of a contrary opinion, either the district attorney or the attorney-general may direct an inquest to be held in accordance with the provisions of this act, notwithstanding the report, at which inquest he, or some person designated by him, shall be present and examine all the witnesses.

SEC. 16. The medical examiner may, if he deems it necessary, call a chemist to aid in the examination of the body, or of substances supposed to have caused or contributed to the death, and such chemist shall be entitled to such compensation for his services as the medical examiner certifies to be just and reasonable, the same being audited and allowed in the manner herein provided. The clerk or amanuensis, if any, employed to reduce to writing the results of the medical examination or autopsy, shall be allowed for his services two dollars per day.

SEC. 17. When a medical examiner views or makes an examination of the dead body of a stranger, he shall cause the body to be decently buried; and if he certifies that he has made careful inquiry, and that to the best of his knowledge and belief the person found dead is a stranger, having no settlement in any city or town of this Commonwealth, his fees, with the actual expenses of burial, shall be paid from the treasury of the Commonwealth. In all other cases the expense of the burial shall be paid by the city or town, and all other expenses by the county wherein the body is found.

SEC. 18. When services are rendered in bringing to land the dead body of a person found in any of the harbors, rivers, or waters of the Commonwealth, the medical examiner may allow such compensation for said services as he deems reasonable, but this provision shall not entitle any person to compensation for services rendered in searching for such dead body.

SEC. 19. In all cases arising under the provisions of this act, the medical examiner shall take charge of any money or other personal property of the deceased, found upon or near the body, and deliver the same to the person or persons entitled to its custody or possession; but if not claimed by such person within sixty days, then to a public administrator, to be administered upon according to law.

SEC. 20. Any medical examiner who shall fraudulently neglect or refuse to deliver such property to such person within three days after due demand upon him therefor, shall be punished by imprisonment in the jail or house of correction not exceeding two years, or by fine not exceeding five hundred dollars.

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SEC. 21. The medical examiner shall return an account of the expenses of each view or autopsy, including his fees, to the county commissioners having jurisdiction over the place where the examination or view is held, or in the county of Suffolk to the auditor of the city of Boston, and shall annex thereto the written authority under which the autopsy was made. Such commissioners or auditor shall audit such accounts, and certify to the treasurer of the Commonwealth, or the treasurer of the county, as the case may be, what items therein are deemed just and reasonable, which shall be paid by said treasurer to the person entitled to receive the same.

SEC. 22. Whenever any sheriff is a party to a suit or proceeding, or otherwise disqualified to act therein, the sheriff or a deputy sheriff of any adjoining county may serve and execute all writs and precepts and perform all duties of such sheriff which he is disqualified to perform, and may serve and execute all such writs and precepts wherein any county, town, parish, religious society, or school district is a party or interested, notwithstanding he is at the time a member of such corporation.

SEC. 23. Whenever a vacancy occurs in the office of sheriff of any county, the senior deputy sheriff in service shall perform all the duties required by law to be performed by the sheriff, until the office of sheriff is filled in the manner required by law, giving bond as now required by law of sheriffs. And in case of such vacancy, the deputies of the sheriff vacating the office shall continue to have and exercise the power of deputy sheriffs until said office is filled as aforesaid.

SEC. 24. Sections seventy-five, seventy-six, and seventy-seven of chapter seventeen, and section one hundred of chapter sixty-three, and section eighteen of chapter one hundred and sixty-three of the General Statutes, are hereby amended by substituting for the word "coroner," wherever the same occurs, the words "medical examiner," and for the word "coroners" the words "medical examiners." The second clause of section fifty-two, and sections seventy-four, seventy-eight, seventy-nine, and eighty of chapter seventeen of the General Statutes, chapter one hundred and seventy-five of the General Statutes, chapter one hundred and thirteen of the acts of the year eighteen hundred and sixty-one, chapter one hundred and seventy-two of the acts of the year eighteen hundred and sixty-two, chapter twenty-eight of the acts of the year eighteen hundred and sixty-four, chapter two hundred and forty-one of the acts of the year eighteen hundred and seventy-one, and chapter one hundred and fifteen of the acts of the year eighteen hundred and seventy-six, and all other acts and parts of acts inconsistent herewith are hereby repealed.

SEC. 25. For the purposes of the appointment and qualification of medical examiners and the action of the county commissioners herein provided for, this act shall take effect upon its passage, and it shall take full effect on the first day of July next.

The radical changes made by this act, in Massachusetts, were three-fold:

1. The abolition of the office of coroner;

2. The dispensing wholly with juries on the preliminary inquiry in this class of cases as unnecessary; and

3. The adoption of a new system, by which a competent medical man took charge of the medical part of the investigation, and an arrangement for proper officials to take charge of the legal and statutory aspects of such

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cases where the death was in any wise proper to be made the subject of a legal inquiry, preliminary to final trial of the accused, after indictment.

Under this change, Massachusetts appointed medical examiners for the several districts of the State, who took charge of the new system, and were appointed by the governor and council; their labors, collected by the Medico-Legal Society of Massachusetts (composed wholly, so far as active members were concerned, of these officials), furnish an admirable view of the results of a peculiarly fortunate attempt in a sister State to provide an intelligent and practicable substitute for an acknowledged faulty system, quite as bad and cumbersome as our own.

A comprehensive view of the subject can best be had by examining briefly the leading objectionable features of our present system before we need consider how we can best remedy them.

*The Present Statute Power—Duties of the Coroner's Office.*

In this State the office of coroner is elective, and held for three years. Coroners are not required to give bonds except when acting as sheriffs, when they may be required to do so.

Four coroners are elected in each county in the State, and in the city of New York the mayor is empowered to designate one to each senatorial district of that city, and assign him to duties therein. Coroners must be residents of the county in which they are elected. They may be removed for cause by the governor.

They are authorized to arrest those who disturb religious meetings; to take charge of wrecks and wrecked property, to take measures for the preservation thereof; and for its delivery to the proper owners.

They are authorized to investigate into the origin of fires, by an inspection and inquest, with a jury, with proceedings like in most respects the inquests in case of sudden death, with power to arrest, in case there is found to have been arson or an attempt at arson committed.

Whenever a coroner receives notice that any person has been slain, has suddenly died, been dangerously wounded, or found dead under such circumstances as to require an inquisition, the coroner is required to proceed to the place where the body lies, to forthwith summon a jury of not less than nine nor more than fifteen to appear forthwith to make inquisition concerning such death or wounding.

The coroner swears in the jury, summons witnesses to appear before them, presides at the inquest, swears the witnesses and reduces their testimony to writing, which is subscribed by the witnesses.

It is the duty of the coroner to summon some surgeon or physician to appear as a witness on such inquest.

The jury then inspect the body, hear the testimony, and deliver to the coroner their inquisition in writing, which the law requires shall contain their finding, as to

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1. How and in what manner, and when, and where the person so dead or wounded came to his death or was wounded; and

2. Who such person was, and all the circumstances attending such death or wounding; and

3. Who, if any, were guilty of the same, either as principals or accessories, and in what manner.

The finding or inquisition of the jury, with the evidence of the witnesses, the coroner is required to return to the next criminal court of record in the county.

The coroner has power, on the finding of the jury, that a crime has been committed, to bind over the witnesses to appear, and to issue warrants for the arrest of accused or suspected persons.

In case of the absence or inability of the coroners to act, in the city of New York, any alderman or special justice may act in his stead, exercising the same powers and duties as the coroner. Special legislation has been enacted, from time to time, for the city and county of New York, making the practice there different from other parts of the State, and containing many objectionable provisions, mixed with much that is good and commendable.*

The law makes it the duty of coroners to hand over to the treasurer of the county all moneys or valuables found on the bodies of persons on whom inquests have been held, which have not been claimed by the legal representatives within sixty days after the inquest has been held.

The law makes no requirement as to professional knowledge or skill for the incumbent of the office, and does not require the coroner to summon a surgeon or physician who has superior knowledge as to the matters involved, leaving it wholly in the discretion of the coroner as to what surgeon or physician he may call, except in the city of New York, and calls him when summoned simply as a witness and as other witnesses are summoned before the jury.

The governor has power to remove for misconduct in office on charges.

By analyzing our present system we will observe that if the object of an inquest should be to detect the existence or commission of crime in cases of death by violence, or sudden death, our law, as now constituted, is not well adapted for the purpose.

1. Of what practical good is the verdict of a coroner's jury on an inquest in such a case?

Is it binding, or even influential on the accused, on the grand jury, or on the final trial? Every one knows that it is not.

It is quite true to say that it is a useless and unnecessary expense to summon jurymen in such cases, and in no case can it help the State or the accused on the final trial, which must still occur before conviction.

* See "Note" at end of address.

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We can not be too jealous of the right of trial by jury, but in all cases under existing law two juries must agree before any person can be convicted of crime, without counting the coroner's jury, viz.: the grand jury which presents the indictment, and the jury on the trial of the accused after indictment; so that the abolition of the jury on the preliminary inquiry, and a change as to who shall make the inquest in its stead, is not in any true sense an infringement upon the right of trial by jury, which in all cases would exist if the proposed change was made.

It is a useless hardship on the citizen to be liable to be called on a coroner's jury, and the work of investigation can be done much better and easier by competent medical officials to investigate the medical questions involved, holding them responsible for the work, carefully providing for a thorough and practical examination; and by proper judicial officers that part of the business which requires legal proceedings, adjudication, or decision as to whether a crime has been committed.

There can probably be no more startling evidence of the utter uselessness of a coroner's jury, than the statement of this fact: That whatever may be the verdict in a given case, the subsequent indictment, trial, and entire judicial proceeding is absolutely independent of it, and proceeds as if the coroner's jury had never acted at all.

The object of an inquiry when a sudden death has occurred, should be to inquire into the cause of the death.

Did it proceed from natural causes? If not, from what cause, and has a crime been committed? That is, and should be, the full scope of such an inquiry.

That such an investigation is proper, preliminary to a formal accusation is certain, because it determines, or should do so, that no trial is necessary, if the death is not by violence or is due to natural causes; and it is due to all that an intelligent and careful scrutiny should be given by competent persons, in all cases, whether doubtful or not at first.

Whether death has resulted from other than natural causes is usually a matter to be determined by a careful, competent, and thorough medical examination.

Whether a crime has been committed is not a medical question; it is rather a legal one.

What is, therefore, most needed, at once, in all such cases, is a formal and careful medical examination, by a perfectly competent medical man, upon the first inquiry, and to decide upon the facts by a careful scientific inquiry as to the cause of death.

The Massachusetts system provides an officer for that duty, and requires him by the terms of the law to be "an able and discreet man, learned in the science of medicine," to be even eligible to hold the office.

The law compels this learned and competent officer to examine the

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body; and if on such examination, and after personal inquiry into the cause and manner of the death, he deems further examination necessary, he shall, on the written authorization of the district attorney, or other competent judicial authority, proceed in a specified careful way to make an autopsy in the presence of at least two discreet persons, and then *and there to carefully reduce to writing every fact and circumstance tending to show* the condition of the body and the cause and manner of death, together with the names and addresses of said witnesses, which he shall subscribe, and for which he is, of course, officially and professionally responsible.

If on this inquiry this officer, after such an examination, autopsy, and certificate, shall be of the opinion that the death was caused by violence, he is commanded to notify the competent judicial authority, and file his report and certificate with the court, who shall thereupon proceed to investigate whether a crime has been committed—which is a legal or judicial question—under certain provisions of the law, and under due legal forms, with all the force and effect of a judicial proceeding.

Under our present system, the coroner can call in any medical man, whether he is skilled in the examination required or not, in most counties of the State.

What is the necessity or value of a jury's opinion, or verdict, upon the medical question as to whether the death was by violence or from natural causes; or, on the second question, as to whether a crime has been committed, which is a judicial question; and how much more valuable would be the carefully-prepared written statement and autopsy of the competent medical man, as a permanent record in the case; or the finding of the competent judicial officer, upon evidence, in case and where, it is held that a crime has been, or even probably has been, committed, with the careful record of the facts and circumstances attending the death?

The opinion, report, and autopsy of the medical man upon the medical question is valuable throughout the whole case, and in all subsequent phases of it.

The report, evidence, and finding of the judicial officer, as to whether a crime has been committed, is also of value, but the verdict of a coroner's jury on either question, under our existing system, seems practically absurd, and experience has shown it to be both meaningless and valueless. Then why continue it?

There is no race of men more wedded to their traditions, past, and precedents than the Anglo-Saxon and their descendants. We inherit that peculiar trait of English character which makes us cling to the things and ways our fathers had and did before us. We are the last to see the absurdity of an old thing, gray with age, though quick to find it in a new.

With the venerableness of the office of coroner we have little to do, but

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it is a source of absolute wonder how such an absurd and valueless office for the detection of crime should have been continued through all these centuries.

So far as his duties in case of acting in the place of the sheriff, or against the sheriff, or in regard to matters of wrecks, deodands, and forfeitures to the crown, which were his ancient duties, these are now obsolete, except in regard to the sheriff, and powers in certain other cases which would be wisely placed in some one officer in a county, but beyond that, there is no use or necessity for such an officer as the statute makes our present coroner, and the progress of events and civilization demand for us a change in this part of our system.

Before proceeding to examine into the system and practice of other countries, it might be well to ask you to look at some of the fatal defects in our own.

1. There is no existing provision compelling a careful and proper medical examination and autopsy, the absence of which, in doubtful and difficult cases, might result, and frequently does, in the entire defeat of justice.

If an autopsy is to be taken at all, in a given case, it is usually of great importance that it be promptly done, and by competent medical authority.

It would not be enough that our system provided for an autopsy. It should in all cases, when the circumstances seem to require, compel it, and provide how it should be made, and what it should certify.

2. Again, any citizen is now eligible to the office of coroner, and no precaution or safeguard is had under the law to secure an officer who is either competent to conduct the medical examination or the legal inquiry.

Most lamentable cases of ignorance of this official fill our books, and occur on all hands in practice.

The history of criminal jurisprudence in our country, as well as of England, is full of cases where most serious consequences result from the inexperience and ignorance of incompetent persons taking charge of the medical investigation as to the cause of death, or the later legal inquiry whether on the shown medical facts a crime has been committed.

In extremely doubtful cases where crime has been committed, as, for example, by poisoning, especially where very difficult to positively detect, the present system of inquest would, or might, actually prevent detection and subsequent conviction, by not having the proper medical examination and autopsy, which if properly taken would have insured detection.

The heart, lungs, stomach, intestines, and liver frequently are decisive witnesses in such cases; and how many times would such an examination and autospsy have prevented the terrible consequences of an innocent person, accused of poisoning by suspicious or jealous relations or enemies, being placed on trial, and, as we know, sometimes actually convicted of a crime they never committed or contemplated.



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These delicate, difficult, and doubtful cases, where nothing but the highest character of scientific knowledge and critical examination at the time of the occurrence would detect the crime, are of course lost, and the guilty escape; and these cases the books do not show, because the real facts and circumstances do not appear, and the real record is never made.

3. The existing statute, in failing to secure a competent officer to conduct the medical examination, thus shown to be indispensably necessary in every case where a crime has been committed, or even to determine whether the death is probably from natural causes, is as faulty in making no provision for a competent person to conduct the necessary legal inquiry, as to whether a crime has been committed, in those cases where the death is clearly from violence, and not from natural causes.

The existing statute throws this inquiry upon a jury who, in the nature of things, cannot determine it judicially, and who can only conduct an inquiry upon competent evidence, with an official presiding who is not required by the law to be competent to conduct such an inquiry.

And we have gone on thus for centuries, taking the verdict of coroners' juries in these cases—absolutely valueless judicial farces, oftentimes attended with lamentable and fatal results.

In the case of William Simmons, charged with homicide, the coroner's jury, on a full hearing, pronounced the killing jnstifiable homicide, the prisoner having been assaulted with a deadly weapon, and having defended himself with a knife, killing his assailant while in a death struggle on the floor.

The court, however, on the trial, held against the use of a knife, even in such an extremity; and Simmons was convicted. But the governor pardoned on the merits, though the sentence was nearly out. The verdict of the coroner's jury had not the slightest legal force or effect.

Provision should be made, therefore, in the law regulating such investigations, for a proper judicial proceeding before a competent court and officer, which should be a proper, legal and necessary step toward the trial itself.

This is secured under the new Massachusetts law by directing the proceeding to be taken before a justice of the district, police, or municipal court in which the body lies, or a trial justice, which is conducted for the State by the district attorney of the county, or by some person designated by that officer.

4. If the existing law could be amended by dispensing with a jury in such cases; providing for a competent medical officer to conduct the preliminary examination under distinct methods, that would secure a record of these necessary medical facts, to answer fully the medical inquiry, with a proper provision for examination before a competent judicial tribunal in case the medical preliminary examination made that necessary, or probably so; it would be a great gain to our present system, even if we called the

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medical officer by the old name of coroner. But there are so many absurdities under that system that it would doubtless be wiser, if it was decided to make a change, to abolish the office of coroner altogether, and provide for the new system by appropriate legislation, attaching those duties in respect to sheriffs, wrecks, etc., to some other officer, as, for example, the district attorney in counties, or the county treasurer; or perhaps for constitutional reasons to leave the coroner to discharge them when occasion arose.

It may be well in such an inquiry to examine the laws of other countries and their practice under them.

FRANCE.

In France, two distinct and separate officers take charge of all such investigations.

The legal officer, the procureur du roi, or, as he is now called, the procurer or attorney of the republic, analogous in some respects to our district attorney, proceeds to the place where the dead body is found, makes the investigation, summons and examines witnesses, and reduces their evidence to writing which is subscribed.

He has large power granted him as to seizing articles or papers, if connected with crime, and can restrain suspected persons from leaving the premises or the neighborhood. He has power to use experts or clever detectives, which is a part of the French system for the detection or discovery of crime. He is responsible for the case as a legal inquiry, and for all the legal questions involved.

The medical side is in charge of a medical officer, chosen for his superior and excellent medical knowledge, with almost equal powers, supreme as to the medical examination, inquiry, and all medical questions involved; and this officer, and sometimes two, are connected also with the subsequent prosecution of the criminal when a crime has been committed, or the legal officer decides that one has been committed.

The admirable writings of Emile Gaboriau well describe the powers, duties, and responsibilities of these various officers, and the excellent working of what may be called the French system, in such works as "File No. 118," "Monsieur Le Coq," "The Widow Lerouge," and other admirable works from his prolific pen.

I have thought it would interest the thoughtful student of this subject to give a resumé of the laws of France recently adopted upon this subject, in which I have received valuable assistance from my brother and colleague, Mr. Fred R. Coudert, of our Bar.

The investigation of crimes such as murder, and the preliminary investigation to establish the culpability of the murderer in case of violent death, in France, is one of the duties of the attorney of the Republic.

The duties and powers of the attorney of the Republic are defined in the Code of Instruction in Criminal Proceeding, Book I., Chapter IV.,

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Section II., Articles 29 to 47, included. Among these articles, the following have especial reference to the investigation and proof of crime, and the arrest of the guilty persons.

"ART. 32. In all cases of *flagrante delicto*, when the act shall be of such a nature as to entail punishment of a degrading or ignominious character, the attorney of the republic shall himself proceed to the spot, without any delay, for the purpose of drawing the official reports which may be necessary to establish the evidence of crime, its condition, that of the surroundings, and to receive the declarations of the persons who shall have witnessed the deed, or who shall be able to give information thereon, etc.

"ART. 33. The attorney of the republic may also, in the case of the preceding article, summon such of the relatives, servants, or neighbors, as are able to give information upon the fact. He shall receive their statements, which they shall sign. The statements made in conformity with the present and the preceeding article, must be signed by the parties, and in case of refusal, mention of it is to be made.

"ART. 36. The attorney of the republic shall seize the weapons, and all that shall appear to have been used, or have been intended to have been used for the commission of the crime, or the offence, as well as all that may have resulted therefrom, and, in fact, all that may throw light on the subject; he shall ask the accused party to account for the things so seized, which shall be shown to him; he will draw up an official report, which shall be signed by the accused, or mention shall be made of his refusal to do so.

"ART. 40. The attorney of the republic in such a case of *flagrante delicto*, and when the crime shall be of such a nature as to entail a degrading or ignominious punishment, shall arrest the accused persons present, against whom strong presumption may be entertained.

"If the accused is not present the attorney of the republic shall issue an order to compel him to appear. This order is called 'Mandat d'amener.' The information alone does not constitute sufficient presumption to authorize the issuance of such a warrant against a domiciled person.

"The attorney of the republic shall at once examine the accused brought before him.

"ART. 42. The official reports of the attorney of the republic, in pursuance of the preceding articles, shall be made and drawn up in the presence, and shall be signed by the commissary of police of the 'Commune' in which the crime or offence shall have been committed, or the mayor or the assistant mayor, or by two citizens domiciled in the same 'Commune.'

"Nevertheless, the attorney of the republic may draw up the official reports without the assistance of witnesses when there is no possibility of obtaining them at once.

"Each sheet of the official report shall be signed by the attorney of the republic, and by the persons who shall have been present; in case of their refusal or inability to sign, mention shall be made thereof.

"ART. 43. The attorney of the republic shall be accompanied, if necessary, by one or more persons who may be presumed by their trade or profession to be capable of appreciating the nature and the circumstances of the crime or offence.

"ART. 44. If a violent death shall have taken place, or a death from unknown causes, or under suspicious circumstances, the attorney of the

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republic shall be assisted by one or two physicians, who shall make their report as to the cause of the death, and the condition of the corpse.

"The persons who shall be summoned in the cases provided by the present and the foregoing articles, shall, before the attorney of the republic, be sworn to make their report and give their opinion according to honor and conscience.

"ART. 45. The attorney of the republic shall, without delay, transmit to the examining magistrate the official reports, instruments, documents, and weapons drawn up or seized in pursuance of the preceding articles, to be proceeded with as set forth in the chapter entitled, 'Of Examining Magistrates'; and in the meanwhile the accused shall remain at the disposal of the judicial authorities, so that he can at any time be arrested.

"ART. 47. Except in the cases provided for in articles 32 and 46, the attorney of the republic, upon being notified by information or otherwise, that a crime or an offence has been committed in his district, or that a person charged with the commission thereof is in his district, shall call upon the examining magistrate, to order an inquiry, and even, if necessary, proceed to the spot in order to draw up all the necessary official reports, as will be found described in the chapter entitled, 'Of Examining Magistrates.'"

When the papers have been transmitted by the attorney of the republic to the examining magistrate, the latter holds an investigation. His powers and duties are defined in the code of Examinations in Criminal Proceeding, Book F, Chapter VI., Articles 55 to 90.

The following articles in particular explain the mode of proceeding in case of murder:

"ART. 59. In all cases reported as *flagrante delicto*, the examining magistrate may directly, and of his own authority, perform all the acts attributed to the attorney of the republic, by observing the rules defined in the chapter 'Of Attorneys of the Republic and their Substitutes.' The examining magistrate may require the presence of the attorney of the republic, without any delay, however, as to the operations defined in said chapter.

"ART. 61. Except in cases of *flagrante delicto*, the examining magistrate shall make no investigations, and take no proceedings without informing the attorney of the republic thereof, who may, moreover, require this information to be furnished him at all stages of the investigation, subject to the obligation of returning the papers within twenty-four hours.

"The examining magistrate, however, if there be occasion for it, may issue the warrant to produce the person, and even the warrant of commitment, without its being necessary that they have been preceded by the legal conclusions of the attorney of the republic.

"ART. 62. Where the the examining magistrate proceeds to the spot, he shall always be accompanied by the attorney of the republic, and the registrar of the tribunal.

"ART. 71. The examining magistrate shall summon before him such persons as shall have been indicated by information, by complaint, by the attorney of the republic, or otherwise, as having knowledge of the crime or offence, or of the circumstances.

"ART. 87. The examining magistrate shall, if required to do so, and even of his own accord, proceed to the domicile of the party charged with the

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crime or the offence, in order to make a search for the papers, effects, and generally, all articles which shall be deemed necessary for arriving at the truth.

"ART. 88. The examining magistrate may likewise proceed to such other places as it is likely that articles like those mentioned in the preceding section shall have been concealed."

Articles 91 to 112 regulate the rights of the examining magistrate to issue orders to apprehend (*comparution*), orders of commitment (*depot*), orders to produce the person (*d'amener*), and orders of arrest (*d'arret*).

Articles 113 to 126 regulate provisional release and release on bail.

Articles 127 to 136 regulate the orders to be issued by the examining magistrate when the investigation is terminated.

"ART. 133. If the examining magistrate considers the deed as one entailing punisment of a degrading or ignominious character, and that the evidence against the accused is sufficiently established, he will order that the papers in the proceedings, the official report establishing the nature of the offence, and a list of exhibits, shall be transmitted without delay by the attorney-general of the 'Cour d'Appel,' in order that they may be used as specified in the chapter 'On Indictments.'

"The exhibits shall remain with the court where the examination took place, with the exceptions set out in articles 228 and 291."

The indictment is regulated in Book II., Title II., Chapter I., Articles 217 to 250.

The trial before the Assize Court is regulated by Book II., Title II., Chapters II., III., and IV., Articles 251 to 380.

And the jury is formed and works under the same code, book, and title, Chapter V., Articles 381 to 406.

### GERMANY.

The present law of the German Empire, adopted October 1, 1879, being the code of criminal procedure (*Straf-Process Ordnung*) regulates proceedings for this class of cases for all Germany to-day.

A judicial officer called the district attorney (*staats anwalt*) has charge of these proceedings. He is clothed with powers as full as those of our district attorney, of a committing magistrate, or a police justice. He is entitled to ask information from all public authorities, who are bound to assist him in his official duties. The police are his subordinates and under his control in all respects in the investigation of crime.

The police authorities are also bound on their own account to investigate supposed crimes, and report to this officer, especially in all cases of sudden death, or death by violence; and in these cases no interment of the body is allowed until after the consent has been obtained of the district attorney or the competent court.

There is no coroner in Germany, nor any analogous officer; nor any jury on the preliminary examination.

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There are judicial district physicians or surgeons regularly appointed, who are selected for their special training and fitness for the duty. They are summoned by the district attorney, or by the police authorities, and examine the body, make the autopsy, and conduct in all respects the medical examination.

The code prescribes a form or set of special rules for the conduct of the judicial examination of the body (*gerichtliche leichenschau*), which occur under a special order of the court; and the code also provides how and in what cases and manner experts may be called in by the district attorney or the police magistrate.

The grand jury and its indictments as in our system, is unknown in Germany.

If the district attorney, after the preliminary examination and inquisition has been made, and the evidence and medical examination and report made, believes, that a crime has been committed, or that probable cause exists for such a belief, he brings on the trial by a motion to the competent court, and if the court, on such motion, after hearing the case, believes that sufficient reasons are presented, it orders a preliminary judicial investigation (*gerichtliche vorunlersuchung*), which is conducted before a justice, with the assistance of the district attorney, at which the accused is heard, and is represented by counsel if he desires. The result of that preliminary investigation usually determines the matter. If the district attorney desires to press it, he moves it on; if not, the case is usually dropped.

SCOTLAND.

Scotland has gone off from the English system, and an officer analogous to the French procureur du roi, called a procurator fiscal, performs the duties of the preliminary investigation, much as if our district attorney was charged with the preliminary inquiry, with large powers of taking testimony and making arrests, but acting without a jury.

TURKEY.

In Turkey, if a death occurs in a town where there is a foreign consul, the deceased being not a native of or citizen of Turkey, the consul or legation of the nationality of the deceased, takes charge of the investigation, in such manner and form as each consul chooses, acting for his own country.

If it is a citizen that dies, there is no investigation, nor any officer even analogous to our coroner.

If the case presents aspects, which justify an official or other interference, the police take it in charge. They conduct the inquiry, and investigation as a judicial proceeding, calling witnesses, experts, and medical aid as they see fit.

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These deaths are regarded more lightly in Turkey than in most European countries, and nothing resembling our inquest is known.

GREECE.

In Greece the system in force is almost identical with that of France.

An officer analogous to the French procureur du roi takes charge of the legal side and conducts the proceedings.

A medical officer takes exclusive charge of the medical question and examination, and detectives or experts trained to the business are subject to the call of the prosecuting officer.

RUSSIA.

The whole proceeding is in Russia placed in the charge of a judicial officer known as a Judge of instruction. He is an officer of the crown, appointed in and for each district by the central governor, or council of the province or state.

He repairs to the place and takes charge of the body of the deceased. Has power to seize all papers and correspondence, and put seals on the private papers and boxes. He summons and examines all witnesses, takes the evidence, reduces it to writing, calls experts, and examines and directs their action. He is clothed with large powers, and may arrest, and even place in close confinement an accused or suspected person.

He stands for the state as an accuser, and yet is bound in honor and conscience to act as a judge, and to act impartially for the accused.

The medical questions and the medical side of the case is in charge of a physician or surgeon who is a sworn crown officer, with a salary. He acts in conjunction with the judge of instruction, but independent of him. He is bound to make an autopsy if any suspicion or doubt exists as to crime.

He conducts the autopsy, and carefully reduces his examination and conclusions to writing, which he furnishes to the court, and also to the central medical council or board, held in every province at the seat of the government, who have a power of review of the same, in case doubt exists.

Since the year 1864, in each village of Russia certain citizens are designated by the mayor of the village, whose duty it is to attend such cases at the summons of the "juge d'instruction," aid him in the investigation by their inquiries, give evidence of the known facts, search for evidence in doubtful cases, and help so far as they can in the investigation.

They are not, however, clothed with any powers. They make no finding nor report, but are required by law to attend, and stand as a sort of watch to the proceedings, aiding the officials of the crown in the discharge of their duties.

DENMARK.

In Denmark the State is divided into several large districts, some seventeen in number. These are subdivided into smaller districts, or counties,

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in each of which a judicial officer, analagous to our county judge, is appointed, who has power over such cases.

He acts without a jury, possesses the powers of a coroner and police magistrate combined, is both prosecuting officer and judge, and if the cause proceeds to trial finally, it is before this officer.

No counsel is allowed on the preliminary investigation, even if a person is accused. This officer can make arrests, but the accused can only be held twenty-four hours without a hearing.

In the seventeen larger districts there is a judicial officer who has superior jurisdiction over the county officer, to whom the latter reports all the proceedings.

If the district judge orders the trial to proceed, it goes on before the county judge; if not, it is usually abandoned.

In each county is also a medical officer, appointed by the crown, with a salary, who examines the medical questions, on the call of the county judge, conducts the autopsy and scientific examination, reports in writing to the county judge, and also to the central bureau of eminent physicians, called the Royal Bureau of Health. This bureau, in each district, reviews his action, and in doubtful cases take action, as in cases of poisoning or insanity, their report being made to the county judge, in writing, is usually decisive, of any issue they pass upon.

The county medical officer is first consulted on all medical questions, and is supreme except as to the review of his action by the royal health bureau.

The district officer frames the indictment, if one is found, and orders the trial to proceed before the county judge. An appeal lies first to the superior court in each district; then to the supreme court of Denmark.

In reaching a conclusion satisfactory to ourselves it may not be uninteresting to pursue our inquiry into the

*Expenses of the Present System, and Economy of the change.*

If it be true that the verdict of a coroner's jury has no practical value, in determining the guilt or innocence of an accused person, it may well be said that the cost of summoning the jury, and the fees and expenses of the jurymen would, of course, be wholly saved by its abolition.

In the inquiry before the legislative committee of Massachusetts, a carefully prepared statement was made as to the expenses of the then existing system and that under the one finally adopted, and it was clearly shown that the saving in expense to the State, not taking into account the time of the jurymen was fully thirty-three per cent. in favor of the proposed change.

Mr. Tyndale, in answer to my inquiry as to the saving to the State of Massachusetts on the trials made there, under the change, reports that he

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had gathered facts, enabling him to make a careful statement of the expenses attending coroners' inquests throughout the State of Massachusetts under the former law, and also the workings of the new system, and that the saving to the Commonwealth in jurors' fees, constables' fees for summoning jurors amounts to full one third of the former expenses, while the results of the scientific inquiries now made, are of great value, as the testimony is secured exactly and early in the proceedings before time and decay have made it difficult or impossible to obtain it; that where the State of Massachusetts formerly paid about twenty thousand dollars annually for scientific work under the old system, with which absolutely nothing was done—the money being virtually thrown away—it now gets its first important steps taken in criminal investigations, attended to by thoroughly competent men for about one-third less than before.

There can be no higher authority on this inquiry in that State than Mr. Tyndale, nor one who has more reliable sources of information; but on the occasion of my recent visit to Boston, as a delegate from the Medico-Legal Society of New York, to the annual meeting of the Massachusetts Medico-Legal Society, I took the opinion of Dr. Alfred Hosmer, then the president of that society, and later, Dr. Robert Amory, now occupying that chair, both medical examiners under the new law, and thoroughly familiar with the statistics upon this question, and both place the economy to the State in the actual saving of expenditure at thirty-three and one-third per cent. in favor of the new system.

There is one other consideration having an important bearing upon this branch of the inquiry that was not considered by these gentlemen, or embraced in their estimate of saving. It is this: Under the old system, if scientific evidence was called by the State, autopsies made, or chemical evidence taken, on the preliminary inquiry, it was of no value whatever on the final trial. If now taken, as, indeed, it must be, if necessary, it is of value; it has its direct relation to the case, is an important and valuable part of its record and history; and in these cases, when medical experts are called, the saving under the new system would be something great in any case, and in all doubtful and obscure ones.

It may, I think, therefore be affirmed in this discussion, without fear of contradiction, that a change in our law would be a very great economy to the State in both these important respects.

There have been some suggestions as to a chief officer and subordinates, which I regret to have heard made. They come from a too superficial view of the subject.

In the nature of things the officers throughout the State must needs be county officers; and they should have, of course, co-ordinate powers.

If in our change we do not provide for entirely competent and trained men for the work we had better not change.

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An examiner-in-chief who should have control for the State, with assistants for the counties, would be simply an incongruity, and a failure.

It needs the same competent person to provide for all the work being well done, in one district that it does in another.

There is no country in the world that attempts such a plan. Co-ordinate powers to the officers, executing those within defined districts, would be the only successful plan.

Again, let it not be forgotten that under the Massachusetts law the medical examiner takes no part in the judicial branch of the inquiry. That is placed in well-defined judicial hands.

It would be as faulty to place the legal side of such a proceeding in the hands of a merely medical man, as it would to provide for a lawyer to make an autopsy, or to certify whether the death was probably due to natural causes.

A competent physician would, even under our present law, be a much better coroner than the ordinary officer, because if trained in the branch of medical knowledge involved he would be more competent to discharge the duties involved in that part of the inquiry. But he would not be as competent as even our present coroner to conduct the other duties of that office, by reason of his education, which unfits him for judicial duties.

The reforms needed in our system may be summarized as follows:—

1. The abolition of the coroner's jury, or of any jury on the preliminary investigation as useless, expensive, and not calculated to discover or detect the commission of crime, if one has been committed, or the best method of determining whether the death was by violence or from natural causes.

2. Such a change of our law, as shall place the examination of the preliminary medical inquiry, whether the death is due to natural causes or to violence, in charge of a medical man, of special knowledge on such subjects, who shall be obliged to conduct an autopsy, with power to call witnesses, and to make a scientific record of the facts and circumstances of the case substantially like that provided under the law of Massachusetts.

3. The proper method of conducting the legal inquiry as to whether a crime has been committed, if the report and examination of the medical examiners make it necessary, and defining the proper officer to conduct, and the tribunal to hear and decide it.

The district attorney of the county, or some person to be designated by him, would probably be a perfectly safe provision in our state.

Courts of justices of the peace in the various counties, and of the police justices in the cities, would be the proper judicial tribunals under our system. As constituted, they are competent to take charge of such proceedings, which should, of course, be a legitimate preliminary step for the discovery and punishment of crime in all cases.

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4. If a medical man was not selected to take charge of the preliminary inquiry, as in Massachusetts, and the whole inquiry placed, as in France, in charge of a legal officer who should be of the degree of counselor at law; then, that competent medical men, selected by reason of their training and skill in this class of cases, should be designated by competent authority, such as the county judge in counties, and the chief justices of the supreme, superior, and common pleas courts in cities, of sufficient number to do the work, acting upon a salary, and sworn, as public officers, to act upon their best judgment, honor, and conscience in such cases, when called by the district attorney or other officer conducting the legal proceeding.

For practical work I believe the better change, considering our system, would be the adoption of the Massachusetts plan. It has been tried there, it works well, it could easier be carried into effect, would, I think, give greater public satisfaction, and be of greater public good.

The important obstacle is the question of how the medical examiners should be selected.

Under our system, how could we so frame the law as to have these officers selected hy reason of their professional fitness for the place, and without reference to political considerations?

If thought dangerous to make the office elective here, it would certainly be safe to have them appointed, either by the governor, by and with the advice and consent of the senate, or by the county judge in counties, and the chief justice of the common pleas in this city, an office analogous to that of county judges in counties.

If the appointments were made by the governor and senate, there might be danger of political considerations influencing the appointments, rather than the peculiar fitness of the man for the office, which, perhaps, might be guarded against in the law itself to some extent.

The success of the Massachusetts plan has been due to the care the governor has taken there to select men for their peculiar fitness for the office, and wholly ignoring the political affinities of the men selected.

Governor Long, of Massachusetts, is entitled to the highest praise for his action in this respect, and his predecessor also; and if we could be sure of similar action by our executive, I know of no safer way than to allow the executive to appoint; but with past experince, it would doubtless be safer to give the appointment to the county judge of counties, and provide in the law that they shall be made without regard to political considerations, and only by reason of the competency of the officer, by his education and training, for the office.

### *The Constitutional Question.*

There are those who seek to avoid the discussion of this question upon its merits, on the ground that the coroner is an officer created by the constitution, and cannot, therefore, be abolished.

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There are two ways of regarding this objection:

1. If it were true that the defects of our present system could only be remedied by an amendment to the constitution, it would be a perfectly proper subject of discussion, to inquire whether the public good would be subserved by such a change, and then take the proper course to change the constitution by amendment.

Our duty now is to inquire whether a change is desirable, and to carefully investigate the subject on its merits; to examine how the Massachusetts system works; to examine such proceedings in other countries; and to determine what is best for us, in this State, to do in such matters. The people will never find difficulties they cannot surmount, if they decide to change, in any question, even if it is constitutional.

2. To my mind, however, no amendment of the constitution is necessary to effect the proposed reforms.

While the constitution provides for the election of four coroners in each county of the State by the people, the powers, duties, and all authority of those officers are such as are given by the legislature in laws enacted from time to time upon the subject.

It is absolutely necessary that some officer should be designated to act as sheriff in cases where the sheriff was incompetent to act, by reason of being a party.

The provision as to wrecks, investigating into the cause and origin of fires, are good provisions, and the coroner's office might remain to take charge of these cases when occasion arose.

Legislation which took from the coroner all control of, or connection with cases of death by violence, or sudden death, providing new officers and methods, could be passed without conflicting with the constitution, by a simple repeal of certain existing statutes, and the passage of acts conferring these powers upon officers to be appointed by competent authority.

The abolition of the coroner's jury is certainly not in conflict with the constitution.

The creation of an officer charged with defined duties and powers, in matters of this kind is certainly not in conflict with the constitution.

The power of the legislature to define and extend the powers and duties of coroners involves the right to diminish their powers and duties, as well as to enlarge them; and if the whole business of inquests and conducting investigations in the class of cases now under consideration was taken by legislation from the present coroner and placed either under such a system as that adopted by Massachusetts, or that in vogue in France or Germany, the coroner's office would still exist; but with restricted powers; and the constitution would be inviolate. The opinions of the Supreme Court of Massachusetts upon analogous questions are, I think, conclusive upon the legal questions involved. [Vol. 117 Mass. Rep., p. 603; 1 Gray Rep. p. 1.]

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I must not close without extending my thanks to the officers of the Massachusetts Medico Legal Society, Mr. Thedore H. Tyndale; Mr. Fred R. Coudert, Mr. J. P. Beder, Mr. B. Roelker, of our Bar; the consuls general of Germany, Russia, Italy, Greece, and Spain; for courtesies and information in the investigation of this subject.

## NOTE.

The special legislation for the city and county of New York is so important for the proper understanding of the subject that the various laws are hereby collected and given for general information of the subject.

The general statutes for the State on the subject of the office of coroner are as follows:

Title VII., Article First, Chapter II., Page 1039, Banks & Bros.' Sixth Edition Revised Statutes.

"SEC. 1. Whenever any coroner shall receive notice that any person has been slain, or has suddenly died, or has been dangerously wounded, or has been found dead under such circumstances as to require an inquisition, it shall be the duty of such coroner to go to the place where such person shall be, and forthwith to summon not less than nine nor more than fifteen persons, qualified by law to serve as jurors, and not exempt from such service, to appear before such coroner forthwith, at such place as he shall appoint, to make inquisition concerning such death or wounding. [Laws of 1847, *ch.* 118, § 1.]

"SEC. 2. Any justice of the peace in each of the several towns and cities of this State, is hereby authorized and empowered, in case the attendance of a coroner cannot be procured within twelve hours after the discovery of a dead body, upon which an inquest is now by law required to be held, to hold an inquest thereon, in the same manner and with the like force and effect as coroners.

"SEC. 3. In all cases in which the cause of a death is not apparent, it shall be the duty of the justice to associate with himself a regularly licensed physician, to make a suitable examination for the discovery of said cause.

"SEC. 4. Each and every justice of the peace who shall hold inquests by virtue of this act, shall receive the same fees as are now allowed by law to coroners.

"SEC. 5. Whenever six or more of the jurors shall appear, they shall be sworn by the coroner to inquire how and in what manner, and when and where, such person came to his death or was wounded, as the case may be, and who such person was, and into all the circumstances attending such death or wounding; and to make a true inquisition, according to the evidence offered to them, or arising from the inspection of the body. [*As modified by* §2 *of ch.* 118 *of* Laws of 1847.]

"SEC. 6. The coroner shall have power to issue subpœnas for witnesses, returnable either forthwith or at such time and place as he shall appoint therein; and it shall be the duty of the coroner to cause some surgeon or physician to be subpœnaed to appear as a witness upon the taking of such inquest.

"SEC. 7. Every person served with any such subpœna shall be liable to

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the same penalties for disobedience thereto, and his attendance may be enforced in like manner, as upon subpœnas issued in justices' courts.

"SEC. 8. The jury, upon the inspection of the body of the person dead or wounded, and after hearing the testimony, shall deliver to the coroner their inquisition in writing, to be signed by them, in which they shall find and certify how and in what manner, and when and where, the person so dead or wounded came to his death or was wounded, as the case may be, and who such person was; and all the circumstances attending such death or wounding, and who were guilty thereof, either as principal or accessory, and in what manner.

"SEC. 9. If the jury find that any murder, manslaughter, or assault has been committed, the coroner shall bind over the witnesses to appear and testify at the next criminal court, at which an indictment for such offence can be found, that shall be held in the county. And in such case, if the party charged with any such offence be not in custody, the coroner shall have power to issue process for his apprehension, in the same manner as justices of the peace.

"SEC. 10. The coroner issuing such process shall have the same power to examine the defendant as is possessed by a justice of the peace, and shall in all respects proceed in like manner.

"SEC. 11. The testimony of all witnesses examined before a coroner's jury shall be reduced to writing by the coroner, and shall be returned by him, together with the inquisition of the jury, and all recognizances and examinations taken by such coroner, to the next criminal court of record that shall be held in the county.

"SEC. 12. In case of the absence of the coroners of the city and county of New York, of their inability to attend, from sickness or any other cause, at any time, any alderman or special justice of the city may perform, during such absence or inability, any duty appertaining to the coroners of the said city, under this article; and such alderman or justice shall possess the like authority, and be subject to the like obligations and penalties, as the said coroners. [*As modified*, Laws of 1852, *ch.* 289.]

"SEC. 13. The coroners of the several counties in this State are hereby required to deliver over to the treasurer of their respective counties, all moneys and other valuable things which have been or may hereafter be found with or upon the bodies of persons on whom inquests have been or may hereafter be held, and which shall not have been claimed by the legal representatives of such person or persons, within sixty days after this act becomes a law, in cases of inquests heretofore held; and in cases which may hereafter arise, within sixty days after the holding of any such inquest; and in default thereof, the said treasurers shall be authorized and required to institute the necessary proceedings to compel such delivery. [Laws of 1842, *ch.* 155, § 1.]

"SEC. 14. The several treasurers to whom any such valuable thing shall be delivered, pursuant to the provisions of this act, shall, as soon thereafter as may be, convert the same into money, and place the same to the credit of the county of which he is treasurer; and if demanded, within six years thereafter, by the legal representatives of the person on whom the same was found, the said treasurer, after deducting the expenses incurred by the coroner, and all other expenses of the county in relation to the same matter, shall pay the balance thereof to such legal representatives. [*Same ch.*, § 2.]

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"SEC. 15. Before auditing and allowing the accounts of such coroners, the supervisors of the county shall require from them, respectively, a statement in writing containing an inventory of all money and other valuable things found with or upon all persons on whom inquests shall have been held, and the manner in which the same has been disposed of, verified by the oath or affirmation of the coroner making the same, that such statement is in all respects just and true, and that the money and other articles mentioned therein have been delivered to the treasurer of the county, or to the legal representatives of such person or persons. [Laws of 1842, *ch.* 155, § 3.]

"SEC. 16. The said coroners shall be entitled to receive a reasonable compensation for making and rendering such statement, and for their trouble and services in the preservation and delivery of said effects and property, as hereinbefore provided; and all reasonable expenses incurred by them in relation thereto, to be audited by the board of supervisors, in addition to the fees or compensation to be allowed by them for holding an inquest." [*Same ch.*, § 4.]

The special acts relating to the city of New York are as follows:

By Laws of 1871, chapter 462, it was enacted as follows:

"SEC. 1. Hereafter when in the city and county of New York, any person shall die from criminal violence, or by a casualty, or suddenly when in apparent health, or when unattended by a physician, or in prison, or in any suspicious or unusual manner, the coroner shall subpœna a properly qualified physician, who shall view the body of such deceased person externally or make an autopsy thereon as may be required. The testimony of such physician and that of any other witnesses that the coroner may find necessary, shall constitate an inquest. For making said external examination the physicician shall receive three dollars; for making such autopsy he shall receive ten dollars, and such sums shall be a county charge, and be paid by the board of supervisors.

"SEC. 2. Should the coroner deem it necessary, he may call a jury to assist him in his investigation, or should any citizen demand that a jury be called, he shall proceed as directed by part four, title seven, article one, of the Revised Statutes.

"SEC. 3. It shall be the duty of any citizen who may become aware of the death of a person who shall have died in the manner stated in section one of this act, to report such death forthwith to one of the coroners, or to any police officer, and such police officer shall, without delay, notify the coroner of such death; and any person who shall willfully neglect or refuse to report such death to the coroner, shall, upon conviction, be adjudged guilty of a misdemeanor, and shall be punished by imprisonment in the county prison not exceeding one year, or by a fine not exceeding five hundred dollars, or by both such fine and imprisonment.

"SEC. 4. Any person, except the coroner, who shall willfully touch, remove, or disturb the body of any one who shall have died in the manner described in section one of this act, or who shall willfully touch, remove, or disturb the clothing, or any article upon or near such body, without an order from the coroner, shall, upon conviction, be adjudged guilty of a misdemeanor, and shall be punished by imprisonment in the county prison not exceeding one year, or by a fine not exceeding five hundred dollars, or by both such fine and imprisonment.

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"SEC. 5. Any citizen of this State not over seventy years of age and being at the time a resident of the county, may be summoned to serve as a juror upon a coroner's inquest; and any person who shall willfully neglect or refuse to serve as such juror when duly summoned, shall, upon conviction, be adjudged guilty of a misdemeanor, and shall be punished by imprisonment in the county prison not exceeding one year, or by a fine not exceeding five hundred dollars, or by both such fine and imprisonment.

SEC. 6. The board of coroners of the county of New York may appoint a clerk, who shall receive an annual salary of thirty-five hundred dollars per year, which shall be a county charge, and payable as other county salaries are paid.

"SEC. 7. All acts or parts of acts inconsistent with the provisions of this act are hereby repealed.

"SEC. 8. This act shall take effect immediately.

The previous compensation had been fixed by chapter 565, of laws of 1868, as follows:—

"SEC. 1. The Supervisors of the county of New York are hereby directed to audit the bills of the coroners of the city and county of New York for services as follows: For viewing each dead body and holding an inquest thereon, the sum of ten dollars; for summoning and swearing a jury in each inquest, five dollars; and all other fees or expenses now existing, whether by city or county usage, or by law, charged by said coroners, are hereby abolished. And no fees herein established shall be audited by said board of supervisors, or hereafter paid, except upon the sworn accounts filed with said board, and with the comptroller of said city.

"SEC. 2. This act shall take effect immediately."

In 1873, Laws of 1873, chapter 833, the following act was passed, entitled "An Act to Regulate the Fees of Coroners":

"SEC. 1. The coroners in and for the State of New York, except in the counties of New York and Kings, shall be entitled to and receive the following compensation for services performed:

"Mileage to the place of inquest and return, ten cents per mile.

"Summoning and attendance upon jury, three dollars.

"Viewing body, five dollars.

"Service of subpœna, ten cents per mile traveled.

"Swearing each witness, fifteen cents.

"Drawing inquisition for jurors to sign, one dollar.

"Copying inquisition for record, per folio, twenty-five cents, but such officers shall receive pay for one copy only.

"For making and transmitting statement to board of supervisors, each inquisition, fifty cents.

"For warrant of commitment, one dollar.

"For arrest and examination of offenders, fees shall be the same as justices of the peace in like cases.

"When required to perform the duties of sheriff, shall be entitled to and receive the same fees as sheriffs for the performance of like duties.

"Shall be re-imbursed for all moneys paid out actually and necessarily by him in the discharge of official duties.

"Shall receive for each and every day and fractional parts thereof spent in taking inquisition (except for one day's service,) three dollars.



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"For performing the requirements of law in regard to wrecked vessels, shall receive three dollars per day and fractional parts thereof, and a reasonable compensation for all official acts performed, and mileage to and from such wrecked vessel, ten cents per mile.

"For taking ante-mortem statement shall be entitled to the same rates of mileage as before mentioned, and three dollars per day and fractional parts thereof, and for taking deposition of injured person in extremis, one dollar.

"SEC. 2. A coroner shall have power, when necessary, to employ not more than two competent surgeons to make post-mortem examinations and dissections and to testify to same, and fix their compensation, the same to be a county charge.

"SEC. 3. Whenever, in consequence of the performance of his official duties, a coroner becomes a witness, he shall be entitled to receive mileage to and from his place of residence, ten cents per mile, and three dollars per day for each day or fractional parts thereof actually detained as such witness.

"SEC. 4. All items of coroners' compensation shall be a county charge, to be audited and allowed by board of supervisors.

"SEC. 5. All acts and parts of acts inconsistent with this act are hereby repealed.

"SEC. 6. This act shall take effect immediately."

This act was amended the next year, Laws of 1874, Chapter 535, by the passage of the following amendment:

"SEC. 1. The thirteenth paragraph of section one, chapter eight hundred and seventy-three, entitled 'An Act to Regulate the Fees of Coroners,' is hereby amended by adding thereto the words 'as shall be allowed by the board of supervisors,' so that said paragraph shall be read as follows:

"'Shall be reïmbursed for all moneys paid out, actually and necessarily, by him in the discharge of official duties as shall be allowed by the board of supervisors.

"SEC. 2. Section two of said act is hereby amended so as to read as follows:

"SEC. 2. A coroner shall have power, when necessary, to employ not more than two surgeons to make post mortem examinations and dissections and to testify to the same, the compensation therefor to be a county charge.

"SEC. 3. Section three of said act is hereby amended so as to read as follows:

"SEC. 3. Whenever, in consequence of the performance of his official duties, a coroner becomes a witness in a criminal proceeding, he shall be entitled to receive mileage to and from his place of residence, ten cents per mile, and three dollars per day for each day, or fractional parts thereof, actually detained as such witness."

An act was passed in 1873, referring to the practice in the city of New York, Chapter 620, Laws of 1875, with the following provisions:

"SEC. 1. It shall be lawful for the several coroners in and for the city and county of New York, with the written consent first had and obtained of the district attorney and a justice of the supreme court within said city and county, to employ any scientific expert, engineer, or toxicologist to

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examine the body of any person who shall have died from alleged criminal violence, or by casualty, or in any suspicious or unusual manner, and as to the cause of whose death the coroner shall have jurisdiction to inquire.

"SEC. 2. Upon the certificate of such employment by a coroner, with the written consent of the district attorney and a justice of the supreme court, as aforesaid, being filed with the comptroller of said city and county of New York, such scientific expert, engineer, or toxicologist shall be entitled to recover and receive as a proper claim against said city and county of New York just and reasonable compensation for his services rendered in the matter of such inquest upon the request of said coroner with such written consent as aforesaid. Such just and reasonable compensation shall be ascertained and certified to by the district attorney, justice of the supreme court, and the comptroller of said city and county of New York; and in case such just and reasonable compensation shall not be so certified and paid, such scientific expert, engineer, or toxicologist shall be entitled to maintain his proper action therefor at law to recover the same.

"SEC. 3. It shall be the duty of said board of estimate and apportionment of the said city and county of New York, to provide in each and every year, out of the moneys raised by taxation, all necessary sum or sums of money for the purpose of carrying the provisions of this act into effect, and also for paying all such sum or sums as are provided for by the following section of this act.

"SEC. 4. It shall be the duty of said board of estimate and apportionment to provide for the services of any of the class of persons mentioned in the first section of this act, which have been rendered since the first day of January, one thousand eight hundred and seventy-two, in pursuance of the direction of any coroner of said city and county, such sum of money as the district attorney, justice of the supreme court, and comptroller, as aforesaid, or a majority of them may certify to be just and reasonable; and in case of the refusal of the payment of the amount so certified, as aforesaid, by the officer whose duty it is to pay the same, the person rendering such services shall be entitled to maintain his action against said city and county of New York, or the mayor, aldermen, and commonalty thereof, or other proper officer thereof, to recover the just and full value of the services so rendered.

"SEC. 5. All acts and parts of acts inconsistent herewith are hereby repealed.

"SEC. 6. This act shall take effect immediately."

The law remained as before stated until the year 1878, when the following act was passed, entitled "An Act Relating to the Coroners of the City of New York—Their Duties and Compensation": chapter 256, Laws of 1878:

"SEC. 1. "Each of the coroners of the county and city of New York, hereafter elected as provided by law, shall be paid in full satisfaction for his services a yearly salary of five thousand dollars, and shall be allowed for contingent expenses, including clerk and office hire, and all other incidental expenses, a sum not to exceed two thousand dollars per annum, which contingent and incidental expenses shall be audited and paid as the contingent and incidental expenses of other officers of the said city and county are audited and paid; and said salary and allowance shall be in

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lieu of all his fees or compensation heretofore a charge upon the county of New York or the mayor, aldermen, and commonalty of the city of New York.

"SEC. 2. In all cases where the coroners of said city and county are authorized to issue a subpœna to a qualified physician to view the body of a person deceased, or make an autopsy thereon, as may be required, the subpœna of the coroner shall hereafter be issued only to one of the physicians appointed, as in this statute directed, and it shall be the duty of the physician to whom such subpœna is so issued, to make the inspection and autopsy required, and to give evidence in relation thereto at the coroner's inquest.

"SEC. 3. The board of coroners of the city of New York shall, within five days after the passage of this act, by a writing filed in their office and published in the *City Record*, appoint four qualified physicians, who shall be residents in said city, to perform the duties in the preceding section specified, and shall be known as "coroners' physicians.' Thereafter each coroner of said city elected as provided by law, shall, on assuming office, appoint successors to the physicians herein provided for. Any vacancy in the office of coroners' physicians shall be filed* by the board of coroners. The board of coroners, for cause, may remove the physicians appointed by them.

"SEC. 4. It shall be the duty of the board of estimate and apportionment of said city, from time to time as it may determine, to fix the salary to be paid to the physicians appointed as in this statute directed for performing the duties herein provided. The salary to be paid to each of said physicians shall not in any one year exceed the sum of three thousand dollars. The salaries in this act provided for shall be paid monthly by the mayor, aldermen and commonalty of the city of New York.

"SEC. 5. Each of said coroners heretofore elected shall attend to an equal or proportionate part of the cases in which a coroner is required to act in said city and county; and after the thirty-first day of December, eighteen hundred and seventy-eight, there shall be paid to each of said coroners, during the remainder of his term of office, the fees or compensation now provided by law.

"SEC. 6. So much of section one of chapter four hundred and seventy-one, as provides 'for making said external examination, the physician shall receive three dollars; for making such autopsy he shall receive ten dollars; and such sum shall be a county charge, and paid by the board of supervisors, is hereby repealed. The act chapter five hundred and sixty-five of the laws of eighteen hundred and sixty-eight, entitled 'An Act to Fix the Compensation of the Coroners of the City and County of New York,' passed May four, eighteen hundred and sixty-eight, is also hereby repealed, but such repeal shall not take effect until the first day of January, eighteen hundred and eighty.

"SEC. 7. This act shall take effect immediately, except as herein otherwise specially provided."

At the same session the laws of 1873 were amended as follows (chapter 286, page 382):

"SEC. 1. Chapter eight hundred and thirty-three of the laws of eighteen hundred and seventy-three, entitled 'An Act to Regulate the Fees of

*So in the original.

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Coroners,' is hereby amended by the insertion of a new section immediately after the third section, as follows:

SEC. 4. The fees of jurors necessarily summoned upon any coroner's inquest shall be not to exceed one dollar for each day's service, shall be a county charge, and shall be audited and allowed by the boards of supervisors in the same manner as other fees and charges mentioned in this act. But the coroner holding such inquest and summoning said jurors shall make report to the next succeeding board of supervisors after every such inquest of the names of such jurors and the term of service of each, and upon what inquest rendered, on or before the third day of the annual session in each year.

"SEC. 2. Sections four, five, and six of said act are hereby numbered respectively, sections five, six, and seven.

"SEC. 3. This act shall take effect immediately."

The foregoing is a resumé of the existing statutes and laws of this State, in force as well in the State at large, as also those in force in the city and county of New York.

Special legislation for Kings and Erie, and some other counties of the State, have been passed, but nothing of particular interest to the question under discussion.

These and other considerations which have occurred to you as medical men, of the workings of the present coroners' system under your eyes in the various sections of the State where you reside, must have long ago decided you, that a change in the present system of coroner was an urgent necessity.

The medical profession owes a duty to itself in this matter.

It should for itself and for the sake of placing such cases in proper hands, aid this movement.

If competent medical men can be placed by law in charge of such cases, an important, forward step will be taken both for your profession and for the public weal.

The influence of the State Medical Society of Massachusetts, was enormous in influencing the Legislature of that State to abolish the office of CORONER and to put in his place the MEDICAL EXAMINER.

The State Medical Society of New York, occupies the same proud position in the EMPIRE STATE.

I ask you to endorse this movement with your unanimous vote. Let the effort when it goes to the Legislature have your hearty endorsement, not alone, but let the medical profession throughout the State, rally to a movement so intimately connected with its honor and its future.

I have the honor, gentlemen, to ask your consideration of resolutions favoring and urging this important reform upon the State Legislature.

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# ANNIVERSARY ADDRESS,

Before the Medical Society of the State of New York, at the Seventy-fifth Annual Meeting, by Wm. H. Bailey, M. D., LL. D., of Albany, President of the Society: Delivered in the Assembly Chamber of the New Capitol at Albany, N. Y., February 2d, 1881.

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We learn from one of the greatest of men that while we may not magnify ourselves, we may magnify our office. We may dwell with complacency, at least, on the work which has been committed to our care, and it is in this spirit I venture to offer a few practical suggestions and comments—following the example of my distinguished predecessors in office—respecting the duties and opportunities which fall to our profession in its relations with our fellow-men.

While I may not present entirely new ideas, I may not hesitate to invite your attention for a brief period to a partial review of the field it is our privilege to cultivate—the extent of territory we may appropriate—that I may incite your minds to more earnest resolutions and higher efforts.

It was a remark of Burke that every truth branches out into infinity. The student of medicine must be impressed by the force of this suggestion as he contemplates the ever widening field of medical science, a science which is not alone confined to the structure of the body, the diseases to which it is liable, and the remedy for those diseases, but which embraces all truths connected with the sanitary condition of the human body and mind, and, of consequence, with the sanitary condition of communities. New facts thus revealed and related are continually coming to light. The domain of medical science is constantly widening, until there is no department of science that does not contribute, directly or indirectly, to a more perfect knowledge of the science of medicine.

Thus botany gives a knowledge of plants with their distinguishing characteristics. Chemistry investigates the compo-

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sition and gives the constituent parts of different substances. The minute structure of the tissues of the body is revealed by the microscope, which also notes the changes wrought by disease. Percussion and auscultation make clear to our mental vision the hidden mysteries that could in no other way be brought to light. So with other branches of science, all contributing to a better understanding of the normal condition of the human body, the diseases to which it is liable, and the remedies for those diseases.

In whichever way, therefore, we pursue our enquiries, new and extended fields for investigation present themselves and contribute their quota to a more perfect knowledge of the great science we are developing.

The medical student of to-day has a larger and broader field for cultivation than the student of former times. In most respects he has greater advantages than we enjoyed at a corresponding period. The appliances connected with medical education have been greatly increased, and the conditions of health and disease can now be more clearly understood.

These new developments in science bring with them a corresponding increase in responsibility. And with increased opportunities has the student of medicine shown a corresponding improvement and industry in applying himself to study and preparation for the work that lies before him? The students of law and divinity are required to pass through a prescribed course of mental training and study. The catalogues of institutions for such instruction show a large majority of their students to have been college graduates. But the catalogues of our medical schools, I am sorry to say, show only a small proportion of such. And yet who believes that the medical student requires less preparation and mental training than they? Is it not true that no standard of instruction can be too high for the education of men from whom so much is expected and required, in preparing them for a work calling for such nice powers of observation, of discrimination and of inference?

Moreover these powers cannot be matured in a day, and if undeveloped until after entering upon practice, it is easy to predict what results may be feared and expected. While I do not insist that every student of medicine must be a college graduate—because such education is not always an assur-

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ance of mental training and capacity such as I have referred to—I do claim that as a natural result of study and cultivation, the medical student ought to acquire a condition of mind specially trained for the intelligent, humane and successful practice of his profession.

Further, there is no other profession in which the practitioner is so dependent upon his own mental resources. The attorney has the statutes and adjudged cases as his guide; the divine has the infallible and unchangeable law and testimony to which he can appeal. And we, as physicians, have our books, it is true, recording the experiences and opinions of others. Yet, diseases are ever assuming new modifications, according to the idiosyncracies and accidental surroundings of individuals. The physician, therefore must be quick to perceive these conditions and be prompt to adapt his treatment to the requirements and possible emergencies of the case.

Hence, I say, a well disciplined mind is required, and every student should be fully prepared by thorough mental training before entering upon the study of medicine. It is true, there are men with minds clear and bright who are able to overcome this deficiency during their undergraduate course, but these are the exceptions, not the rule.

With these suggestions as to the preliminary training for special study—a preparation well represented in Germany by the gymnasium—we may now consider the methods of study.

An individual with a liberally trained mind, studious habits and an average disposition to embrace the opportunities offered, will doubtless do so effectively under our present method, if regular habits of study are closely adhered to. But the daily task—the regular quantum of work to be gone through with—furnishes the most certain way for acquiring the desired knowledge.

Who does not realize how aimless and unprofitable to the student, as a rule, is most of the time passed in the office of the preceptor? No system—no obligation—no one to whom he is accountable for the manner in which his hours are employed—selecting such books as his tastes or inclination suggest—perhaps seeing a miscellaneous procession of patients, if in a busy office, or passing most of his time in contemplative idleness. And the same habits are likely to prevail through most of the lecture course—no record being kept of daily at-

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tendance or scholarship. And I might add that in many medical colleges the classes are so large as to make it impossible to examine each student on the daily lectures. Ultimately, of course, a day of moderate reckoning comes, and preparatory to this, the student hurriedly enters upon the cramming process sufficiently to pass a successful examination, often without deserving it. In this way the community is burdened and afflicted, with physicians, having but a superficial foundation for the doubtful superstructure, with which they are permitted to engage in practice. Here, too, is the prolific source of quackery. With knowledge limited, they fail to occupy a reputable position in the profession, and are ready to embrace any *ism* that seems equal to their capacity, and promises pecuniary success. Yet most of these men, with proper instruction, training and supervision, would make reputable physicians, and the fact that they are otherwise, does not lie entirely with themselves. The fault is very largely our own, and it is to the consideration of our duty in the premises I invite your most careful and earnest attention.

Impress upon the student's mind the necessity of regular attention to daily lessons and recitations in office and in college—of personal responsibility for the value of time and the manner in which it is employed. Mark out to him the course to be pursued—the books to be studied, and know each day whether he has gained an intelligent understanding of the subjects gone over. Instruct him in the fundamental principles and ground work of our profession. Advance him step by step through the theoretical part of his medical education, before he is permitted to see and prescribe for patients. Impress upon him that during the first part of his student life his work is with books, college instruction, and the experimental part which illustrates principles, not practice. Do not understand me to underrate the value of clinical instruction, for in no other way can you so fix certain principles, upon the student's mind as by practical illustration. The foundation first, and the superstructure afterward. It is not enough to lecture to a class, ever so learnedly. It is important to know that each student understands the topics set forth in that lecture. When we come to appreciate the responsibility resting upon an institution armed with authority to commission men to practice medicine, it is not too much to say that

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there should scarcely be a limit to the patience and fidelity with which that trust is to be discharged.

The chief duty of a physician is to alleviate and remove human suffering and distress, but it is also a part of his duty to instruct the community in sanitary science and prudence. Men indulge in excesses with a full knowledge of the results that will surely follow; but I am firmly convinced that the kindly, thoughtful physician, can exercise a wider, more salutary influence over his fellow men, than any other class in the community. No one else can so forcibly impress upon the erring mind, the faults of omission or commission which are the causes of his suffering.

There are other sources of disease which do not belong to the individual, and for which alone the community is responsible. I refer particularly to the many sources of malaria, unfortunately so common in city and country. Bad drainage, or the absence of any, has been the prolific source of untold misery and death to the unoffending and helpless. Communities are broken up and cities nearly depopulated, as illustrated recently by the ravages of yellow fever in the southern part of our own country,—a calamity altogether due to the most palpable disregard of the simplest sanitary considerations.

The proper ventilation of dwellings and public buildings, and suitable air space for each occupant are now attracting public attention. Every medical student knows this to be of vital importance to the health and comfort of the community.

The liberal supply of pure water has come to be felt an absolute necessity in all communities, and yet the same authority which makes the most lavish expenditures for such purposes, allows the digging of wells or their use, in densely populated sections, where every drop of water has the elements of certain disease and death. Every physician, every person of average common sense and intelligence, knows that the use of water so obtained is deleterious, deadly in its effects. And yet its use is permitted and encouraged by those who know this to be true. Even in this city of Albany, with its superabundant supply of good water, most, if not all, the hundreds of men employed in the erection of the magnificent new capitol building, are supplied with their drinking water from various wells in its vicinity. And the State employs a number

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of men to furnish this deadly beverage. How shall we characterize this palpable, unnecessary disregard of the teaching of the Golden Rule?

The physician's avocation and duty opens to him the widest possible field for contemplation and investigation. He is brought in contact and occupies the most intimate relations with the individual and family circle; to-day, with the intelligent and refined; to-morrow, with the uncultured and depraved. Mingling with the vile and dissipated, he comes to their aid when the asperities of their hardened experience have been softened by disease and affliction. To such, possibly the physician is the only person of culture and kindly sympathy with whom they have ever had friendly intercourse. So that without seeking to usurp the prerogatives of the clergy in ministering to the spiritual wants of such, scarcely a physician but has often realized how great an influence his own convictions and deportment may have under these circumstances. Often invited and expected to advise and counsel upon matters pertaining to the business, social and religious relations of his patients, he naturally comes to realize how important it is for the true physician to adhere strictly to that excellent code of ethics, which should govern us all in our dealings with men.

The physician who wishes to confer the highest benefit on his patients and constituents, will make careful observations with reference to the capacities of the young. The confidential relations, which exist between a physician and the families he attends, often induce them to seek his advice with reference to the care and government of their children, and with momentous results, according to the value of his counsel and suggestions. When he sees indications of capacity and a desire for improvement unnoticed by the parents, he can wisely offer advice, and thus be the means of developing in the proper direction talents which may serve and perhaps illustrate their generation. If he who discovers and develops a productive mine of precious metals or valuable minerals, or one who gives to the world some new combination in mechanics, or of chemicals, may be esteemed a public benefactor, what shall be said of those who in the simple discharge of duty in the family circle, shall discover and develop the treasures of intellect and dormant capacities of his fellow men? I

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have known instances where lads became educated, useful, and even distinguished men from the kindly advice and suggestions of an intelligent physician.

Among the objects of interest in the old city of Brussels, are the Guild Houses, destroyed by the bombardment of Louis XIV, in 1695, and re-erected at the commencement of the last century. There is a Hall of the Guild of Butchers, indicated by a swan, the Hall of the Brewers, bearing on its gable a gilded equestrian statue of Duke Charles of Lorraine; the Hall of the Boatmen, the gable of which resembles the stern of a large vessel; the Hall of the Archers, with its group representing Romulus and Remus with the she-wolf; the Hall of Weights and Measures and the Hall of Carpenters richly adorned with gilding. All these are situated on the Market Square about the noble pile of the Hotel de Ville. They stand as monuments of the importance and power of fraternal associations.

These associations of members of particular trades were established for the promotion of their special interests, and sometimes for mutual assistance in sickness. Every trade had its separate guild, of which it was necessary that a man should be a member before he was allowed to practice that particular avocation. The influence and power of these guilds increased until they were able to demand from their sovereign special rights and privileges. The town of Southampton received a charter from Henry II, confirming its liberties; Liverpool, the same from Henry III. At a very early period on the continent, towns obtained, through the same influence, charters declaring their independence. The term corporation comes down from a very early time, having been derived from the *communia perpetua*, indicating the community which gave rise to its being secured.

The history of these guilds shows the power and importance of association. Association gives strength. The familiar anecdote relating how the old man illustrated this to his sons by the firmly bound faggot, points well its capacity. The union of all having similar aims and interests gives impetus and weight towards their accomplishment. Nothing like it is seen in any other variety of associations; in none of the societies of many sorts has there been that potency that has emanated from those composed of members of a particular trade,

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whose life work was in that trade, and who had united for the protection of their interests.

The medical society in some ways has a function similar to that of the ancient guild. It is the Guild of Physicians—a fraternal association of a particular craft. There are interests pertaining to the profession as such, which the society can regulate. These interests are some of them external to the profession, some of them affecting the relations with each other, of the members composing it. But these refer merely to the ethics of the profession within, and the securing of material interests without, the fraternal and the business interests.

But nothing shows better the elevation of the medical profession above the handicraft trades, than this comparison of the guild and trades union with the medical society, for these interests are an insignificant part of the work and possible influence of such societies. Indeed, we have, perhaps, reached a time when it may be well to drop the word ethics, with its present and past meaning, and adopt some new term which will express or suggest a different idea, so that we may forget the old notion of legislative courtesy and living toward each other by a book of etiquette, when we may assume that only gentlemen will compose the profession, and need no code for civil treatment of each other. It is seriously a question whether the society of medical men should not drop its written law of ethics entirely, or, at least, limit it to a much narrower field of regulation. A considerable part of the profession seems to be approaching this, and the same may be as truthfully said, perhaps, regarding the business relations of the profession towards the community. Legislation has come lamentably short of its hoped for realization. These things are by no means the object of the existence of medical societies; they are but an appendix to its real work and scope. Perhaps they might better be omitted entirely.

No; the object of the society is far higher. Its functions towards its members are educational as well as fraternal; towards the community, protectional. The sources of information outside of the society are books, periodicals, personal observations. Books and periodicals have their proper value, holding in permanent and referable form the results of personal observations; valuable according as that personal experience

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is carefully considered. They are permanent and accessible. Many of these have some grain mixed with more or less chaff. If they contain the thought of a master mind, they are cherished as they deserve; and the converse is true.

The society furnishes a medium for comparison of ideas. The dissertation carefully prepared is thoroughly digested. Knowledge, by being so imparted, is better grasped, and by being tested is made more perfect. Without this it would probably be one-sided—biased. A fact is looked at from different standpoints. One may assert the shield to be red, another blue, another yellow. In the clash of contest over these assertions, it is found to be on various sides yellow, blue and red. There is no question but that, by the interchange of ideas, to which all may add a mite, in our associations, the truth is better established in its entire rotundity, and many a fact developed that adds vastly to our store of knowledge.

Argument is not needed to show the value of this old Platonic method of study, or to prove that the society approaches it.

It follows, therefore, that a very important and desirable feature in the life and experience of a physician is the most unrestrained intercourse with his brethren in the profession. Isolation is apt to beget prejudice, and possibly lead to suspicions which do great injustice to our neighbors, and impair the usefulness of the most clever, unoffending men. I think the absolute truth of this suggestion will be conceded by every practitioner of experience and observation. In fact, the knowledge that association and assimilation of views and experiences is of invaluable assistance has led to the formation of local, State and National societies. These give a larger acquaintance with men from all sections, and allow that free interchange of views and knowledge which serves to educate and promote good feeling.

All men require the intellectual and moral stimuli, which are in no other way so effectively received as in friendly meetings with those engaged in kindred work.

Then, the value of the society to the community is a part of its elemental importance. The more the society educates its members, the more it benefits the community; it works directly for their protection. There is no doubt that the humanitarian sentiment is a strong one in the medical profession; it is our

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pride that it is so. It is its godlike feature. There is a grand field of influence before the society in this direction—hygiene in its broadest sense. The smaller local society has its home work, the larger State society has its more comprehensive and influential field. This Society has not been remiss in its efforts in this direction.

It is beyond the range of this address to go further into the details of its possibilities and duties. But in carrying out this purpose, this consideration of the relations of the profession to the public, there is enough work, enough humanity, enough inspiration to stimulate the zeal of all its membership. This society secures to the profession friendly co-operation. A battalion presents a better front and wins more victories than a vastly outnumbering mob. Fellowship gives a fraternal feeling to the profession.

Thus we see that a physician, to be thoroughly prepared and competent to fulfill the great mission which he has chosen for his work, must first have proper mental training. He should be endowed with a mind capable of receiving, comparing and analyzing the multitude of theories presented by enthusiasts and speculative men. He should be generously educated in the sciences, so that he can utilize them for the benefit of his patients and for the general good. His medical education must not only be general, but specifically complete. Commencing with the rudiments, he passes through the graded course prescribed by many of our colleges, thus preparing him for his practical work.

His constant association with the sick and afflicted naturally develops his sympathetic nature, so that it will manifest itself on occasion, and endear him to the hearts of his patients. He inevitably becomes the confidential friend of the family, and being true to the trust placed in his discretion and honor, carefully guards their secrets and honors their confidence. His genial manner and kindly words of counsel and encouragement make him a welcome visitor. His well-trained intellect and refined tastes are an incentive to the young, and his moral influence has an incomparable potency as it is exemplified by his daily walk and conversation.

And upon ourselves the daily and hourly experience with sore afflictions and the most poignant sorrow naturally begets a deep religious sentiment. What physician in practice has

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not offered welcome words of sympathy and condolence to those whose hearts were rent with grief over the sufferings and death of some member of the family circle? How frequently do we stand alone with the family by the death bed, when our best efforts have failed in prolonging life, when our fidelity and earnest attention has won the hearts of those who are left to mourn the loss! Do I err, then, in claiming that men who are educated and permitted to undergo such experiences and bear such relations, should be carefully trained for the trusts which belong to such a profession?

From the earliest days of recorded history, and among all nations and tribes, the practice of medicine and the necessity for such practice has prevailed. When men have been laid low by disease or physical injury, the medicine man, dealing with crude theories, or the educated practitioner has been called to their aid. As civilization has progressed, the physician has risen in importance as a recognized factor and necessity in the community, and finally the State, to a greater or less degree, but in slow stages has aimed to prescribe the methods by which such distinction could be conferred. As a result, our profession has gradually advanced in its value and efficiency, constantly increasing its sphere of usefulness and influence, greatly benefiting and improving the moral, social and physical conditions of the human race. I think it is, moreover, safe to assert that with the rapid progress making in medical science, the future contains greater and still more honorable possibilities for the intelligent and competent practitioner.

What, therefore, the State, society and personal industry have accomplished for those who have made honorable names and distinction, let us, Gentlemen of the Society, do for those who are to come after us. Recognizing the highest obligation of duty in all our relations to those who seek and require our advice, let us not forget that we are equally obligated to enforce and advise the proper and liberal education of those whom we commission to work with us in this honorable calling. This, then, is the urgency of my appeal to you, this my entreaty and hope, that with the cultivation of the kindest feelings towards each other, friendly counsel and interchange of experiences, sympathetic words and encouragement, we may emulate each other's virtues, condone the faults which inhere in our human nature, and thus, having faithfully sought



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to discharge our whole duty in life, winning the esteem of our fellow-men, we may also merit and receive the approbation of Him, that greatest Physician, whose verdict of "Well done, thou good and faithful servant," is the highest praise that can reward our honorable stewardship.

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# COMMUNICATIONS.

## I.—Sympathetic Neuro-Retinitis.

By David Webster, M. D., New York.

Although the great Von Graefe, the father of modern ophthalmology, recognized the existence of such an affection as sympathetic neuro-retinitis, and reported two cases of it that came under his observation, the literature of the subject is still somewhat scanty, very little reference to it is to be found in the standard text-books on the eye. Stellwag, whose work is justly celebrated for its comprehensiveness, makes only a single allusion to it. "In individual cases," he says, "sympathetic inflammation of the retina is said to have been caused in the second eye." (Fourth American Edition, page 297). Schweigger mentions it only to throw doubt upon it. "It is very difficult," he says, "in observing any particular case, to be convinced of its sympathetic character. For instance, the case of choroido-retinitis described by Von-Graefe, which I know perfectly well, since I observed it with him, presented such a peculiar appearance that Von Graefe regarded its sympathetic nature as probable. But it requires a number of such cases to furnish satisfactory proof of the correctness of such an opinion." (Farley's Translation of the Third German Edition, page 351.) More is to be found on the subject in the Third American Edition of Wells than in any other of the text-books. The editor discusses the subject briefly but judiciously, basing his remarks upon the paper by A. Alt, M. D., "On Sympathetic Neuro-retinitis," in the "Transactions of the International Ophthalmological Congress for 1876," and the paper by the same author, "On the Anatomical Causes and the Nature of Sympathetic Ophthalmia," in the "Archives of Ophthalmology and Otology," Vol. V., page 395 et seq.

Neither Carter nor Macnamara makes the slightest allusion

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to the subject. Carter, however, says: "I believe, indeed, that many more cases are sympathetic than those in which the course of events can be clearly and unmistakably traced," [American Edition, page 116,) and in this opinion most of us, I think, are ready to concur.

Von Graefe published his cases in 1866. Dr. Thomas R. Pooley, of this city, was the next to call attention to the subject. In 1871, he reported "Two Cases of Sympathetic Ophthalmia distinguished by the Occurrence of Neuro-retinitis." ("Archives of Ophthalmology and Otology," Vol. II, page 284.)

Alt, in the paper referred to above, gave a resumé of Von Graefe's and Pooley's cases, and added to the number three that had come under his own observation, making seven in all. To these seven I beg leave to add the following two cases, one of which occurred in the private practice of Dr. C. R. Agnew, the other in his clinic at the Manhattan Eye and Ear Hospital.

CASE I.—F. G——, a bright boy, eight years of age, came under observation August 29, 1879. His father said that fifteen months before, while stooping down in the garden, he struck his right eye against a stub, and "burst" it. The lacerated globe healed with a high degree of atrophy, a few lines of semi-transparent cornea remaining. The shrunken eye is soft, and the child shrinks from pressure upon it through the lids, and says it hurts him.

Less than three weeks ago his parents first observed that he did not see well with his *left* eye. The vision of that eye is now reduced to $\frac{1}{200}$. The eye is somewhat sensitive to light, but painless, not tender on pressure, and its external appearances are normal.

For the better examination of the interior of the eye the pupil was widely dilated by atropine.

Ophthalmoscopic examination revealed floating opacities in the vitreous humor, great swelling of the optic disk and adjacent retina, and plaques of retinal exudation and retinal hemorrhages scattered over nearly the whole of the fundus. The retinal blood vessels were extremely tortuous, and were in many places obscured by the exudations and blood extravasations. The optic disk could only be located by the convergence of the retinal vessels, and by its greater elevation.

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The atrophied eyeball was enucleated on the same day and placed in Müller's fluid. It was found to be adherent to the surrounding tissues all the way back to the optic nerve entrance.

The patient was at once placed upon mercurial inunction, which was continued until his mouth was slightly touched. The ointment was then washed off, and a saturated solution of iodide of potassium given internally, commencing with five minims (cc. 0.3) thrice daily, and increasing the dose two minims (cc. 0.12) a day.

September 23d.—The dose of the iodide has been increased to seventeen minims, (cc. 1.03.) The patient comes to the office for the first time since the enucleation. His vision has risen to $\frac{20}{200}$. The intraocular appearances are much improved.

September 30th.—The dose of the iodide has been increased to thirty-one minims, (cc. 1.89.) The patient has diarrhœa. The vision has continued to improve, and is now $\frac{15}{100}$. To reduce the dose of iodide to fifteen minims (cc. 0.913) of the solution.

October 9th.—Vision $\frac{20}{100}$. There is no sensitiveness to light, and the vitreous opacities have mostly cleared up. The ecchymoses and exudation plaques have mostly disappeared from the retina, and the outline of the optic disk begins to appear.

November 8th.—Vision remains $\frac{20}{100}$. The vitreous is perfectly transparent. The optic disk is white and atrophic-looking, and there is a crescent of choroidal atrophy at its temporal edge. The retinal vessels, both veins and arteries, remain quite tortuous, and are decidedly smaller than normal. There are no remains of the hemorrhages and exudations.

The patient was directed to take one one-hundredth of a grain (gm. 0.00065) of sulphate of strychnia twice a day. This was continued for several months, when all treatment was abandoned.

April 5, 1880.—Vision $\frac{20}{70}$. The appearances of the fundus have not changed since the last examination.

The enucleated eyeball was examined by Dr. T. Mitchell Prudden, who has kindly given me the following report:

"June 7, 1880.—The examination of the eye of F. G. revealed most extensive changes of nearly all parts of the organ except the sclera.

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The cornea was drawn to one side, and thickened at that side, and was permeated with small blood vessels, especially in the periphery.

The atrophied iris and ciliary body, a mass of new formed connective tissue growing from the region of the sclero-corneal junction of one side, together with the remnant of the lens capsule, were intimately joined together, forming a dense, shapeless mass in the anterior segment of the eye, nearly obliterating the anterior chamber. This condition of affairs was evidently the result of an extensive plastic cyclitis with subsequent atrophy and retraction.

The lens body had almost entirely disappeared, a small fragment only being left over the remnant of the displaced ciliary body at one side.

The retina was separated from the choroid in the entire circumference (in a meridional section) and, for about two-thirds of its extent, was shrunken together into a consolidated mass near the centre of the globe. For the rest of its extent it lay nearly parallel with the choroid, but separated from it by a narrow space. It presented throughout the lesions of diffuse, interstitial retinitis with atrophy, a few small cysts being found.

The vitreous was replaced by a finely granular, structureless substance (probably fluid), containing a few scattered cells.

The choroid was separated from the sclera over a considerable area, but its minute structure was not much changed.

The larger cavity on one side, between the retina and choroid, and the smaller one on the other, between the choroid and sclera, were filled with a structureless (probably fluid) substance, containing here and there single, or groups of, pigmented retinal epithelial cells."

CASE II.—William H., twelve years of age, got some unslacked lime into his left eye in the early part of August, 1880. When he presented himself at the Manhattan Eye and Ear Hospital, about two weeks after the burn, the eyeball and eyelids were inflamed, and the formation of symblepharon had already proceed so far that all attempts to prevent it proved abortive. The eye healed with total adhesion of the lids to the globe. The lids were also attached to one another, for a line or two at both ends of the palpebral fissure. The very narrow strip of cornea which could be exposed being opaque,

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there was, of course, only perception of light. The cicatricial contraction incidental to the healing process had also produced inversion of the eyelashes.

It was feared that this unfavorable condition of the left eye might give rise to sympathetic inflammation, and the friends of the patient were instructed to watch the right eye, and if any unusual symptoms presented themselves to bring him to us without delay.

On November 30th his mother brought him to Dr. Agnew's clinic at the College of Physicians and Surgeons, and stated that only the day before she had noticed, for the first time, some redness of the fellow eye.

We found the condition of the injured eye unchanged. The ciliary region of the right eye was deeply injected, and sensitive to pressure, the pupil was small and sluggish, and the eye was watery and sensitive to light.

We dropped in some of an eight-grain (two per cent.) solution of sulphate of atropia, ordered a four-grain (one per cent.) solution of the same to be dropped into the eye several times that night and the next morning, and instructed the mother to bring him to the hospital the following afternoon for enucleation.

The boy was brought to the hospital the next day (December 1st,) as directed. The ciliary redness, lachrymation, and photophobia still persisted; the pupil was dilated to about one-half its maximum size, but was perfectly circular. Vision was $\frac{2}{60}$ without a glass, and was raised to $\frac{2}{40}$ with a $+\frac{1}{60}$. The sensitiveness of the eye to light and the lachrymation interfered considerably with the visual and ophthalmoscopic tests, but it was noted that the supero-nasal border of the disk was blurred, that the nerve and retina were hyperæmic, and that some of the retinal veins were tortuous.

It was decided to enucleate the injured eye, not so much on account of the commencing neuro-retinitis of the right eye as on account of the high degree of hyperæmia of the ciliary body and iris, which it was believed would, if not promptly checked, lead to irido-cyclitis, and eventual loss of the eye.

Accordingly, the child was at once placed under ether, and the eye was, with some difficulty, excised. No speculum could be inserted until the external canthus was freely slit, and the eyelids cut away from the anterior surface of the eyeball. The

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globe was everywhere attached to the surrounding orbital tissues by a tough material which was divided, with the use of considerable force, by means of the strong curved scissors commonly used for cutting the optic nerve.

The day following the operation, the ciliary redness and lachrymation of the fellow-eye had mostly passed away, and the pupil had become dilated to nearly its normal extent. His urine was carefully examined, chemically and microscopically, and found normal.

On December 8th, one week after the operation, the right eye was normal in its external appearances, the redness, photophobia, and lachrymation having entirely passed away, and the pupil being widely dilated by the atropine which had been assiduously used from the first.

The ophthalmoscope showed well-marked symptoms of neuro-retinitis. There was swelling of the optic disk (H. $\frac{1}{16}$), with obscuration of its whole outline, increased fulness and tortuosity of the retinal veins, and radiating from the *fovea centralis* were fine, hair-like opacities, lying closely side by side, and occupying a region about twice the size of the optic disk. Vision $\frac{20}{10} : \frac{20}{20}$ with + $\frac{1}{18}$s. ⌒ + $\frac{1}{42}$c. ax. 10°.

December 13th.—Examined by Drs. Agnew, Pomeroy, Risley and others. Disk H. $\frac{1}{12}$ and distant parts of fundus H. $\frac{1}{24}$, showing an increase in the swelling of the disk and retina.

December 14th.—The patient was placed upon mercurial inunction.

December 21st.—The mouth being slightly touched the inunction was stopped. The local use of atropine was also stopped.

December 31st.—The patient comes with his ciliary region again reddened, and with some lachrymation and photophobia. Dropped in a four-grain (one per cent.) solution of atropine, and after an hour the pupil was dilated about two-thirds and circular. He was directed to resume the use of atropine three times daily. Disk H. $\frac{1}{24}$ and the neuro-retinitis evidently subsiding.

January 3, 1881.—Pupil widely dilated. All external symptoms of irritation have passed away. To use the atropine once a day.

January 14th.—The neuritis has nearly disappeared, the diskal edge being indistinctly visible throughout its whole ex-

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tent. The retinal striations radiating from the macula lutea remain about the same. Vision $\frac{20}{70}$: $\frac{20}{20}$ with $+\frac{1}{18}$ s. ⌒ $+\frac{1}{42}$ c. ax. 180°. Visual field and color-perception carefully tested by Dr. J. B. Emerson, and found normal. The cavity of the enucleated eye has so healed that the eyelashes are everted, and thus do not irritate the conjunctiva.

The following is Dr. Prudden's report of the microscopic examination of the enucleated globe:

"In the eye of W. H., the general relation of the parts was so much disturbed artificially that I must content myself with a somewhat brief description of them.

The sclera in the anterior half of the ball was covered on the outside by an unusual amount of loose connective tissue, containing, especially near the sclero-corneal junction, a considerable number of dilated blood vessels. The sclera itself was normal in structure.

The cornea was excessively atrophied, and converted into a richly cellular, irregular mass of connective tissue, over the middle of which, in front, a small lenticular mass of very vascular granulation-tissue lay. Over the surface of the atrophied cornea, as well as at the sclero-corneal junction, a very considerable proliferation of the epithelium had occurred, with hypertrophy of the papillæ in the latter region.

The atrophied cornea was bound, behind, firmly to the iris by well-formed new connective tissue, and the iris, lens, and ciliary body were drawn strongly to one side by a cyclitic membrane which was much more considerably developed on one side than on the other, so that the lens lay behind the ciliary body on the side of the most considerably developed cyclitic membrane. These parts, iris, ciliary body, and cyclitic membrane, formed a solid mass of tissue enclosing the lens, which was little changed except for the presence, just beneath the capsule, of numerous very small ovoidal cavities. The iris itself was unusually dense in structure, and thickly infiltrated with small round cells.

The vessels of the choroid were distended with blood throughout, and its tissue infiltrated with thickly-scattered, small, dense collections of pus-cells.

The *pars ciliaris retinæ* was involved in the anterior changes, while in the posterior half of the globe the retina seemed normal, except that the rods and cones, especially the

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latter, were considerably swollen, and the ganglion cells of the inner layer partially disintegrated. The eye was preserved, however, in too small a quantity of Müller's fluid, which, I presume, had not been frequently changed, so that I doubt if any considerable significance should be attributed to such changes in the delicate nerve-elements—although the swelling of the cones *was very marked.*

The anatomical diagnosis would accordingly be: symblepharon, conjunctivitis, keratitis atrophica, irido-cyclitis, choroiditis purulenta (and possibly commencing atrophia retinæ)."

In the seven cases reported by Alt both eyes were lost in only two instances. In one case the visual result was not given, but is inferred to have been good, as the "degree of diminution of sight is stated to have been slight," and after enucleation of the blind eye the other "gradually improved." In the four remaining cases the final vision was $\frac{5}{200}$, $\frac{1}{200}$, $\frac{20}{30}$, and $\frac{20}{30}$, respectively. In my first case the final vision was $\frac{20}{70}$, and in the second case $\frac{20}{20}$.

It may be worthy of remark that in five of Alt's cases and in one of mine—that is, in six out of the nine cases—detachment of the retina was one of the lesions in the eye producing the sympathetic inflammation.

My second case here reported is the only one I remember to have seen in which sympathetic ophthalmia was caused by symblepharon.

Dr. Mathewson, of Brooklyn, informs me that a case has fallen under his observation in which both eyes were lost by sympathetic inflammation caused by symblepharon in one of them.

## *Discussion.*

DR. T. R. POOLEY, of New York: Mr. President—In addition to the two cases referred to by Dr. Webster, I have quite recently seen still another instance of this disease. The case is that of a boy, who is at present under the care of Dr. H. Knapp, at the Ophthalmic and Aural Institute. The patient received a wound of the sclero-corneal margin, associated with prolapse of the iris. Although the protruding iris was abscissed, some plastic iridocyclitis ensued. In the other eye, as well as in the injured one, a very marked neuro-retinitis has developed. The case is still under treatment, and the injured eye has not been enucleated. In the secondarily affected eye there is no inflammation of the uveal tract. I think it important to make a strong distinction between a neuro-retinitis, which is only one of the symptoms present in sympathetic irido-cyclitis, and neuro-retinitis pure and simple. In the first instance the affection of the optic disk and retina is difficult to determine, be-

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cause of the haziness of the vitreous, and, when it really does exist, may be an extension of the inflammatory process by continuity along the uveal tract. While in the second, especially where neuro-retinitis is seen in the injured eye, it is not impossible that the propagation is by way of the optic tract. Would it not be best to call only the latter class sympathetic neuro-retinitis?

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## II.—LITHOTRIPSY, WITH ENTIRE REMOVAL OF FRAGMENTS AT SAME SITTING BY BIGELOW'S ASPIRATOR.

BY NORMAN L. SNOW, A. M., M. D., OF ALBANY, N. Y.

Surgery is constantly making rapid strides, not only in the matter of wholly new and original operations, together with many useful and happy modifications of almost classic methods, but as well also in the mechanical department.

In fact this latter must keep pace with the former, and the majority of surgeons owe to some brother operator, or mayhap ingenious inventor, much of the credit that accrues to them through brilliant results by the more ready methods.

Now if this be so in a general sense, it is especially true of certain departments, and no one, perhaps, in a more marked degree than the Genito Urinary.

Of the division of this latter perhaps the bladder can justly claim an equal share, and, for the present, demands our attention in the consideration of stone and its removal safely by the most speedy method.

Lithotomy is probably the oldest, and Litholapaxy so called the most recent, Lithotrity and Lithotripsy occupying a more intermediate position as to advocacy.

Mention of boring and crushing stones in the bladder is made in the Hippocratic writings, but seems not to have been practically carried out, and it was not until as late a day as 1813 that the operation seems really to have been undertaken with any degree of success.

In 1817 Civiale's attempts first became noticed, and after more fully perfecting both method and instruments he satisfactorily demonstrated his ideas on the living subject in 1824, and thus established for the operation a permanent place in surgery.

His method however was Lithotrity proper, the stone being drilled and crushed or ground, the detritus being partly washed out, and partly expelled by the bladder.

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The operation of Lithotripsy or crushing, had not up to this time been undertaken, the first instruments for which were not constructed until some months after Civiale's public demonstration.

Mr. Hodgson, of Birmingham Hospital, was the first to give prominence to this latter method by a successful operation in 1825.

Since this date both operations have steadily progressed in favor and nicety of accomplishment under the leadership of such master spirits as Civiale, Baron Heurteloup, Brodie, Aston Key, Ferguson, Hawkins, Coulson, and Sir Henry Thompson, until it seemed very little more could be desired.

But the end was not yet, for with all their skill and ingenuity, and notwithstanding the evacuating apparatus of Sir Philip Crampton, and Mr. Clover, with Thompson's modification of the latter, more than one sitting was usually found necessary to fully complete the operation, and it fell to the lot of our distinguished countryman, Prof. Bigelow, to so perfect the mechanical part as to render unnecessary but one attempt at the complete removal of any stone capable of expulsion in this way.

This was brought about more by fearlessness on the part of the operator than by any marked improvement in appliance, as in his procedure time is a factor of no importance, a directly opposite conclusion from that of all prominent authorities, and the key-note to all future successes in this direction.

Formerly, when Lithotomy was much practiced, the small and brittle stone was operated on with more anxiety than the hard and larger, now on its first detection the surgeon feels he can relieve the bladder of its enemy without endangering his patient but little more than if he were simply to introduce a large bougie.

CASE.—Robert A., American by birth, age 53, average weight 165 lbs., height 5½ feet, habits regular, temperament sanguine nervous.

No family history of any moment, neither rheumatism or gout had been inherited, father died at age of 56, from lung trouble resulting from exposure.

His early life and manhood had been passed in the West where the water supply was from the turbid Mississippi and vicinity.

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A cigar-maker by trade; he worked for a number of years at "Damming Tobacco." In this, the operator is obliged to stand at a bench moistening the tobacco with a spray of water ejected from the mouth. In this way he swallowed a quantity of water, in addition to which he drank a great deal of the same fluid.

Of English descent, he inherited a fondness for hearty living, and was in the habit of indulging in hot meat suppers, drinking at times a moderate quantity of ale or lager.

Did not take much out-door exercise and was not very cautious of exposure. Often when fatigued would take large draughts of ice-water and sit in currents of air. Was always well, so paid little regard to preservation of his health.

Contracted gonorrhœa when a young man, and this became a long continued gleet. Has had several slight attacks of rheumatism, but his general health was good.

First noticed trouble in urination in the spring of 1879; the symptoms being pains in the back, loins and thighs, with frequent micturition. For this I was consulted in June, 1879, his weight at that time being 167 pounds. So frequent was the desire to urinate that he had constructed at his place of business a urinal handy by his work, and thus saved a great amount of running up and down stairs. At no time had there been any evidence of renal calculus or kidney disturbance.

During the summer of the same year he received a severe fall, striking the lumbar region on the back of a chair; the pain was very severe but yielded to simple treatment.

Consulted me in November, 1879, for a feeling of weariness about the back, loins and thighs, accompanied by frequent urination with pain and tenesmus, also burning in the perineum and end of the penis. Urine contained pus, mucus, oxalate of lime, uric acid, and bladder epithelium. He was placed on the alkali anodyne treatment with strict injunctions as to hygienic details, dieting, etc. I diagnosed chronic cystitis; the symptoms continued during the following winter with remissions and exacerbations.

He was examined for calculus at different times, but none could be detected.

The bladder was washed out several times during the winter and spring, with different medical solutions, the walls each time being well distended.

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An analysis of urine in June, 1880, gave sp. gr. 1022, a neutral reaction, trace of albumen, blood, abundant mucus, uric acid crystals and epithelium.

Was advised a change of air during the heated term, and accordingly went to the Canadas.

Was greatly benefited thereby and remained very well until the cooler months, when a relapse of the trouble came on.

He could now retain his water but a very short time, and had a pain along the urethra, stream often double, stopping at times, then re-commencing.

Voided it best in recumbent position.

The pain in glans penis was described like the tingling of a nerve in the end of a finger.

I examined him in October with Thompson's short curved sound and detected a roughened gritty feel in the left posterior fundus of bladder.

One month later, at at my suggestion, he was seen and examined by Dr. Vanderveer, who felt quite positive he detected a small stone.

In December it could be distinctly felt, and for a few weeks seemed to increase rapidly in size so that a very satisfactory click could be obtained.

Advised an operation to which he readily assented. Accordingly on December 27, assisted by Drs. Vanderveer, Shanks, Perry and Mr. Furbeck, student, the operation of Lithotripsy was undertaken.

The bowels had been moved the night before, and a light breakfast had been taken. Ether was administered by Dr. Perry, the patient coming under its influence nicely.

The bladder was injected, and a lithotrite having been introduced, the blade was pressed well back against the posterior fundus, the stone being seized quite readily.

It proved quite brittle, all portions being crushed in a short time.

But little difficulty was experienced in the introduction of Bigelow's large sized evacuating tube, and a moderate suction force with the exhausting bulb soon gave evidence in the glass receiver that the work had been satisfactorily accomplished.

Was obliged to recrush a fragment too large for the tube, but this was soon disposed of.

An introduction of a sound failing to detect the slightest remaining portion, the operation was completed.

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Entire time occupied was 30 minutes; weight of fragments 80 grains (gm. 5. 18).

No vomiting or unpleasant effects from ether—an unusual circumstance.

The patient was placed in bed between woolen covers and given 10 grains (gm. 0.648) sulphate of quinine with slight anodyne.

Found him in evening of same day quite comfortable; had no chill, passed water quite freely, there being but a slight tinge of blood.

Some pain in iliac region, but on the whole comfortable.

December 28, passed a good night, perspiration free, some uneasiness and smarting in passing water, but no severe pain. Blood continues to be present in small quantity, temperature and pulse good.

On the second day introduced a soft catheter easily, and washed out the bladder.

Continued quinine in 2 grain (gm. 0.129) doses four times daily, with instructions to use diluents freely and exercise care in diet.

By the fifth day the temperature and pulse were normal, bowels open and water passing nicely, patient able to be up and about the house, and on January 6th, ten days from date of operation, although the weather was extremely cold, he was able to attend to business.

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## III. A NEW EAR AND THROAT MIRROR.

BY OREN D. POMEROY, SURGEON TO THE MANHATTAN EYE AND EAR HOSPITAL, N. Y.

The mirror herewith presented is a modification of the one sold in the shops in New York under my name. A mirror somewhat similar to the old one was devised by Dr. R. F. Weir, of this city. I had objected to the mirror formerly in use on account of its lateral movements being too limited, the clamp holding the ball striking against the back of the mirror when the excursions were carried too far to either side. I had diminished this objection by beveling the edges of the clamp and applying a milled-head screw to hold the clamp, but still the movements were too limited to satisfy me. I always have

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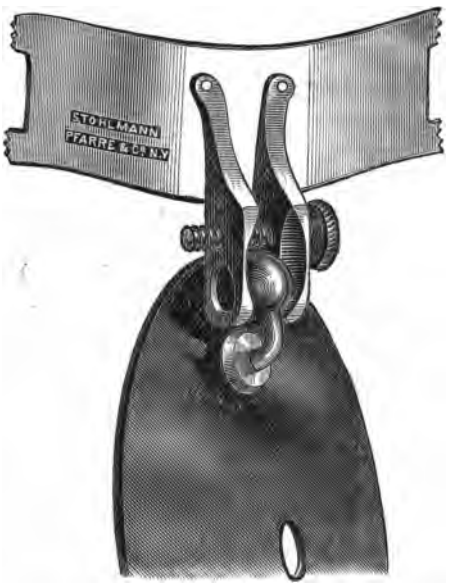
been an advocate of looking through the aperture of the mirror, and to do this comfortably, the latter needs to move very far in every direction. The cut will readily show how very complete is the mobility obtained.




The old instrument had the ball attached to a stem which projected from the back of the mirror at right angles to it. The one under consideration has a somewhat longer stem, which is bent so that the ball points directly upward, allowing the clamp to swing completely around in the horizontal meridian, without once striking the back of the mirror. As some prefer the mirror to be placed above the eyes, against the forehead, the clamp is so beveled as to allow of this adjustment. Others prefer the mirror to be placed below the eyes, but this instrument cannot be adjusted to that position for obvious reasons.

The mirror was formed to have a limited movement from side to side—that is, as a pendulum would move. That objection was met by deeply bevelling the ends of the clamp. As now arranged, this appears to me a very perfect instrument. Great care has been taken to make the aperture in the mirror of sufficient size so as not to be obliterated when it is turned far to one side.

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The mirror is ground from very thin glass so as to have slight depth of border to the aperture, giving less opportunity for annoying reflection of light at its borders, besides being well covered with a dull, black coloring matter to still further avoid reflections.

The metallic portion, or backing of the mirror, should have a larger aperture than that in the glass. I am not at all in favor of using the mirror without a perforation in the glass, for many reasons which seem to me satisfactory.

The forehead band is made of inelastic material, as being more durable than the gum-elastic bands formerly in use, and more adjustable to the head, the continuous pressure of the rubber band being, after a time, quite annoying. This band may be made of strong silk or muslin, or even of thin and flexible leather, or the portion attached to the forehead-piece of hard rubber may be made of strong leather and extending only a part of the way, as is the case with the mirror used by Dr. Buck, of this city, as this is the portion soonest worn out, besides, the mirror is held more firmly on the forehead by the material of the band being rather stout in this portion.

I use a mirror of from six to eight inches (mm. 150 to 200) focus, as artificial light is generally preferred by me. If daylight is used, a focus of nearly, or quite, double this should be employed. The throat-men prefer a pretty long focus to the mirror.

The clamp being made of metal, is much more durable than the hard rubber sometimes used. The forehead-piece is sometimes padded, but that seems to me unnecessary; and it is an annoyance, as it frequently wears out; besides this, the mirror is held more firmly and steadily upon the forehead.

As at present constructed, this mirror seems to me to have reached a maximum of durability. I do not recommend a separate handle for examining while the instrument is held in the hand, as it is wholly unnecessary and complicates the instrument, it being held in the hand perfectly well by the forehead-piece. When critical examinations of the ear are made for the purpose of diagnosis, it seems to me more agreeable to hold the instrument in the hand than to place it on the forehead.

This instrument is most admirably made by Stohlmann, Pfarre & Co., of New York.



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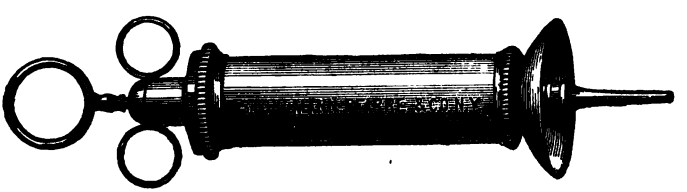
## IV. A NEW MODIFICATION OF THE EAR SYRINGE.

BY OREN D. POMEROY, M. D., NEW YORK.

The instrument I herewith exhibit is a form of Ear Syringe I have used for several years past, and find it extremely satisfactory. It consists of a brass syringe, nickel plated, of the form known as Toynbee's. The barrel of the syringe is of two ounce (60 cc.) capacity, one inch (25 mm.) in diameter and four and a half inches (115 mm.) in length. The rings have been slightly changed, as it was thought the present state was an improvement. The nozzle is very long, one inch and seven-eighths, (48 mm.) It is much more slender than that of most syringes, the diameter at the tip being only one-eighth of an inch, ($3\frac{1}{8}$ mm.) while at the opposite extremity it is about one-fourth of an inch, ($6\frac{1}{4}$ mm.) but at the point of screwing on to the barrel it is a little larger. The aperture is very small, about one millimeter or one-twentieth of an inch. At the base of the nozzle is a flange two and one-eighth inches (54 mm.) in diameter, with the surface next to the nozzle concave. The object of this is to prevent the return current of water from the ear from spirting upon the operator's person. The nozzle is made slender, so as to be carried far into the meatus. The aperture is made thus small to gain a high degree of intensity to the current of water. Owing to the presence of the flange, the operator is not likely to push the nozzle too far into the ear, so as to wound the membrana. This certainly is possible, but in using it a long time I have not found this an objection; of course an unskilled person should not use this form of syringe.



In order to remove foreign bodies from the ear, the syringe should have a nozzle which may be approached close to the object to be removed, and of such a small diameter as to be moved in many directions with facility. The small aperture gives you a stream which is very effective in dislodging foreign substances.

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I am rarely in the habit of taking more than one sitting to dislodge the most impacted cerumen, not using anything to soften the mass, as a rule. Plain, warm water, is all that is necessary. Addition of chemicals to the water damages the value of the syringe. It is my opinion that the ear is swabbed out too much—effective syringing prevents the necessity for this as frequently as would result otherwise. Of course, I would recommend very gentle syringing when most of the discharge, or collection, had been removed. The barrel of this syringe being rather large, it is important that the valve should move with great smoothness, no jerking motion being admissible. My practice is to keep it well oiled at all times, and also have it constantly filled with water when not in use. This instrument is made in very great perfection by Stohlmann, Pfarre & Co., of New York.

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## V. UPON THE SIGNIFICANCE OF FACIAL HAIRY GROWTHS AMONG INSANE WOMEN.

BY ALLAN MCLANE HAMILTON, M. D., of New York, N. Y.

The significance of alteration in the growth of hair, and the condition of the skin and its appendages, have attracted the attention of many modern observers, and it has come to be generally acknowledged, I think, that such appearances have more than ordinary import as symptoms of nervous diseases. It is not uncommon, as we know, to find hair upon the faces of women, though, when discovered, it is not in any considerable quantity, and is the indication, as a rule, of a tendency toward masculinity or the arrival of that age when uterine and ovarian functions have ceased. It cannot be denied that when such growths take place in young women, in localities where hair does not usually grow, they are suggestive of some pathological process which may naturally be supposed to involve the sympathetic nervous system. Fabre * has quite lately drawn attention to the production of very striking hair-changes in consequence of various mental states in women, and other observers allude, at length, to the excessive growth of hair in paralyzed parts. Fabre refers to several instances. In one

* Les Relations Pathogenique des Troubles Nerveux. Paris, 1880. P. 513.

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the patient was a mother who had suffered great mental anguish through the loss of a child. Another woman, who suffered from a uterine disease complicated by nervous symptoms, lost all her hair, but it returned as rapidly and grew vigorously under the use of appropriate treatment.

The appearance of hair, slight though it may be, is, I think, an inevitable result of an overactive and continuous exercise of functions of the uterus and ovaries, and is but part of the process which in the early stages of pregnancy is expressed by deposition of pigment in various places, by the bronzing of the skin, and the lively excitement of the organic nervous system. Kaposi † mentions the liability of women who have borne children to hairy facial growths, but believes that the appearance of hair upon the chin is found more often after the climacteric period than at any other time.

Enough is shown by the meagre literature of the subject to prove that there is a very close connection between the irregular or excessive performance of the functions of the female pelvic organs, and the phenomena of cutaneous malnutrition; and moreover that when their innervation is taxed, some peculiar exhibition of disordered vaso-motor function occurs in a remote part. My own experience leads me to divide the subjects of abnormal hairy growths into two groups:

1. Those in whom trophic cutaneous changes, such as acne, depositions of pigment, lesions of the nails, or hangnails, as well as slight hairy growths, occur in young women in connection with ovarian irritation, and with mental trouble or emotional disturbance evidenced by melancholia, and perverted moral sense; the altered sexual state being often connected with masturbation.

2. Those cases in which prolonged vaso-motor changes have existed, and in which uterine and ovarian function have disappeared.

In such cases the unlooked for development of hair may occasionally appear, and its site, time of growth, and character may suggest its pathological character. Ollivier reports the case of a young woman of fair, soft skin, who, after an attack of typhoid, presented a curious appearance. The skin became rough, and a general growth of fine black hair took place all over the body. From time to time I have seen insane women

† Hebra: New Sydenham Society's Translations, p. 69.

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who were the possessors of beards or growths of hair. Some of these cases, in fact most of them, presented some history of sexual trouble, and in nearly every instance the growth of hair was coincident with the development of mental diseases. In the beginning I was not prepared to attach much importance to the existence of beards or patches of hair upon the face, but lately I have been inclined to view the peculiar appearance and connection of this condition with others which I am convinced play as important a part, when they exist, as the condition of the hair of the insane mentioned by Bucknill and Tuke * and Darwin †. Godfrey ‡ has observed the abnormal growth of hair upon the face of idiots and epileptics. A patient consulted him whose mother was insane; the patient had one sister in a lunatic asylum, "another nearly raving with neuralgia, and she herself epileptic. She was but thirty years of age, and grew a famous moustache and beard."

During one of my visits to the Hudson River State Hospital for the Insane, I was shown a woman of middle age, upon whose chin an extraordinary growth of hair was visible—such growth having made its appearance since the development of her insanity. The subsequent discovery of other cases suggested to me that this condition of affairs might exist elsewhere, and I afterward made, with the kind assistance of Dr. Livingston Hinckley of the resident staff, a careful search among the insane women at the Blackwell's Island Lunatic Asylum, and found many others. It will not be amiss to briefly allude to the history of several of these patients.

CASE I.—Johanna G——, Westchester county, admitted to the Hudson River State Hospital for the Insane, February 22, 1879; forty years of age; house-keeper; married; four children; good habits; common education; German. Patient was brought by the superintendent of the poor, who knew but little of her case Was supposed by him to have been insane but two weeks. Said that she was the daughter of Christ. Neglected her family; prayed much and out of season; took food and slept irregularly, but was quiet and easily managed. General strength fair.

February 23.—Wanders through the ward, whispering in

* Manual of Physchological Medicine, third edition, p. 432.

† Expression of the Emotions, p. 297.

‡ Diseases of the Hair, p. 31.

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German; was noisy last night; ordered chloral, 3 ss. (gm. 2.,) tr. hyoscy., 3 ij. (cc.7.4), nightly. No special change till the morning of March 3d, when she became suddenly very destructive, tore up in the course of fifteen minutes eight pillows, then became as before, not noisy, but talked continually in a low voice to herself.

April 10th.—Refuses all medicine. Sleeps but little at night, but is not noisy.

May 2d.—At times is noisy. Stoops down to the floor and converses with imaginary persons, spirits, etc. *Quite a beard has grown on chin since her admission;* had a few short hairs then, but these have very greatly increased in numbers and length. Says she has had hair on her face during the past four years, but not previous to this. Menstruates regularly. No special change has occurred in her mental or physical condition for many months, or, indeed, since admission. Occasionally will be noisy. Talks to and gesticulates at imaginary persons almost continually. Resists all treatment.

The above notes were taken by Dr. C. H. Langdon, who assisted me materially in my examination.

Mrs. G.. is a spare woman of medium height, of decidedly disagreeable personal appearance, much of which is due to a long moustache and two or three peculiar tufts of wiry black hair which droop from the chin. There are tufts of considerable thickness on the left side, which I have seen upon two occasions, and find to have grown more than half an inch (13 mm.) in three months. The skin is the seat of discoloration. There are "bronze spots" on left temple and chest. Both sides contain spots of pigment, the left, however, more than the right. There is no difference in the size of the mammary or other glands, but the left nipple is, if anything, more prominent than the right. The left side is cooler than the right. Dr. Langdon took a number of surface-temperature observations, and the average is as follows:

| | Right Side. | Left Side. |
|---|---|---|
| Face | 99°F. | 98°F. |
| Ovary | 99° | 100° |
| Palm of hand | 99° | 90° |

The right axillary temperature was 98⅕°, the left 98⅖°. The nails of both hands, but especially left, were crenated and irregular in growth, and there were hang-nails. There was, if

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anything, a slight increase of size of the left side, the various circumferential measurements giving a difference of from one-half to one inch (13 mm. to 25 mm.,) in favor of the left side. Uterine examination revealed a very small uterus. The growth of hair upon the pubes was normal, but slightly thicker on the *right* side. The new growth of hair was wiry, black, and extremely dense in places. Heart-sounds normal.

CASE II.—Nancy S——, *dementia*, colored, forty-five years of age, chronic mania. Admitted to the Hudson River State Hospital for the Insane, December 8, 1877. Has had no children. She has not menstruated since admission (present date August, 1880). The patient has irregular tufts of hair upon her chin and just anterior to ears, upon both sides. She has a slight moustache. The hair is longer upon the right side, and it is of active growth and quite wiry and black. The temperature of the left side of the body is lower than the right. Her hair-growth began with her insanity. She is often violent and destructive, and will not permit physical examination.

CASE III.—Sarah H——, forty-five years of age. Admitted to the Hudson River State Hospital for the Insane, September 23, 1879. Prostitute. Syphilitic insanity, followed by dementia, duration two years. Patient has goitre of recent growth, which is larger on right side than on left. Marked tufts of hair upon upper lip, chin and sides of face. The growth is of comparatively recent date, and is about one and one-half inch (38 mm.,) long. Lowered temperature on left side. Has bronzed spots upon body, and general mottling. There is no heart trouble. She has not menstruated since her admission.

CASE IV.—Sarah Ann S——, admitted to the Hudson River State Hospital for the Insane, February 16, 1878. Aged thirty-two years. Mother's mother insane; insane three years; acute mania, followed by dementia. Has had two children. Separated from husband. This patient has abundant beard and moustache of light color, which appeared with commencement of insanity, and since has grown to a considerable length, the beard being nearly two inches (51 mm.) in length. She has menstruated regularly. The growth is very marked on the left side. The eyebrow of the same side is much heavier and the eyelashes are perceptibly larger. The left iris contains spots of pigment, which are absent on the other side. The

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surface temperature is lower on the left side. The nails are crenated and horny. Small anginoma are found scattered over the left side of the body, and these are about the size of a large pin-head and confined to the upper part of the trunk. There is slight thyroid enlargement, but no heart-murmur. The left breast seems larger than the right.

At Blackwell's Island my search was attended with great difficulties, because so little was known of the patients' ages or antecedents, but with the assistance of Dr. Hinckley I found several women who presented appearances resembling in every respect those already mentioned. Most of these cases were well advanced in life, and the hairy growth had not the significance it would have had in younger women; still the excessive length of the beard of these women, the luxuriance of the hair and its preponderance upon one side, gave it a different appearance from that usually found in old women. In two of these cases the beard began at an early age, and was quite dense. An unmarried woman was thirty-nine years old, and her insanity began twenty-four years before, in melancholia, which developed into mania, and she subsequently became demented. The hairy growth began ten years ago, and is quite dense and longer on the right side. It has changed color within the past two or three years, the original color having been brown. It now contains tufts of gray. There are many moles scattered on body, but particularly on right side, and some bronzing. A second case, thirty-seven years old when seen. Her trouble began ten years ago as mania followed by dementia. She was also unmarried. She possesses a moustache most abundant upon the left side, and a collection of stiff, long, black hairs upon the chin.

Of four other women in whom the diagnosis of dementia was made, the beard was longer and more dense on the right side in three, in the other it preponderated on the left side. In one case the growth was white, with sharply defined patches of black. In another case there was a small displaced uterus. In two others there was dysmenorrhœa. In all there were spots of skin-discoloration and angioma; the hair of the head was abundant and coarse; the temperature was lowest upon the side where the hair was most developed.

Arnozan * refers to the rapid development of hair as a result

* Des lésions trophiques aux maladies du système nerveux. Paris, 1880. Pp. 155, 156.

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of various nerve-lesions, and says traumatic neuritis is most apt to be followed by hairy growths, which disappear when the neuritis is cured. As a very rare accompaniment of paralysis it is occasionally the case that a dense growth of hair makes its appearance in paralyzed parts. Such a case is detailed by Jelly,* the patient being a young Spaniard, eighteen years of age, who, after a fall, suffered from complete paralysis commencing at the last dorsal vertebra. Coincident with the paraplegia his body below the point of injury became the seat of a hairy growth, which extended about the nates and down the legs to the ankles. In some places it grew to such a length that it could be readily curled. I have seen cases of paralysis in which the hairy growth occurred in places which were the seat of trophic paralysis, and cases of infantile paralysis in which the limbs were covered by an active growth of new hair have been observed. Buchner,† in speaking of baldness of nervous origin, refers to the trigeminal and occipital nerves as those involved in cases of abnormal hair change, and Virchow is disposed to assign the pathological seat of facial hairy growths to the trigeminus, a conclusion he came to after his investigation of the celebrated Ava cases, in which two men and a woman were the subjects, the dense and peculiar growth of hair being confined to the face and neck.

From the foregoing, and from a consideration of the well-established fact that mental shock and the influence of powerful emotions are productive of trophic degeneration and loss of hair, it may be assumed that diminution of innervation is apt to be followed by trophic alteration, evinced either by the loss or increase of hair; that disorders of the fifth nerve are connected with such changes, and that the condition is one of a neuro-pathological character there can be little doubt. This is still further borne out by the circumstance that in cases of migraine connected with cerebral functional alteration, the trigeminal neuralgia not unfrequently results in external vasomotor changes of the most varying description.

Of course the remote pathology must be considered from a purely theoretical and consequently unsatisfactory standpoint. It would appear that the normal balance between the cerebro-

* British Medical Journal, January 14, 1873, p. 671.

† Kritische Bemerkungen zur Ætiologie der Area celsi. Virchow's Archiv, vol. lxxiv., p. 527, 1878.

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spinal filaments and those belonging to the sympathetic system concerned in the control of vessels engaged in nutrition, was lost in such cases, and that the energy before expended in the innervation of the pelvic organs was directed in a new channel. Dr. Emmet, in his work upon diseases of women, makes the statement that those women in whom normal uterine innervation is not exercised, are usually those who suffer from new growth of various kinds. The same reasoning might apply in the case of peripheral disorder, such as that which forms the subject of the paper I have just read.

A consideration of the cases to which I have alluded, I think, will show that:

*First.*—Abnormal growth of hair, especially upon the face, is frequently closely connected with disturbed function of the pelvic organs of women.

*Second.*—That in the insanity of women, especially when it lapses into dementia, and cutaneous nutritive changes exist, such growths of hair are by no means of uncommon appearance.

*Third.*—That their unilateral character, so far as preponderance in growth is concerned, and their association with unilateral cutaneous lesions, such as bronzing and nail-changes, indicate their nervous origin.

*Fourth.*—Their appearance chiefly upon the face of insane patients, and relation to trophic disorders incident to facial neuralgia, points to the fifth nerve as that concerned in the pathological process.

*Fifth.*—The development of hair, with the deposit of pigment and skin lesions, and occasional goitrous swellings suggests the inference that the neuro-pathological process which leads to the growth of hair in the chronic insane, is akin to that which gives rise to Addison's disease.

As I have said, there are many cases which do not impress us because they include women of advanced age. These I exclude altogether, but I shall be satisfied if I succeed in convincing my hearers that when any considerable growth of hair occurs upon the face of female insane patients, it is indicative of an unfavorable form of insanity, and such, especially, is the case in those women who have not reached middle age.

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## VI. A CONTRIBUTION TO THE PATHOLOGY OF ORBITAL TUMORS: BEING A STUDY OF THE SECONDARY PROCESSES IN THE PERIOSTEUM AND BONES OF THE ORBIT AND VICINITY.

BY CHARLES STEDMAN BULL, A. M., M. D., of New York, Lecturer on Ophthalmology and Otology in the Bellevue Hospital Medical College, Surgeon and Pathologist to the New York Eye and Ear Infirmary.

It is by no means uncommon for recurrent orbital tumors to involve the periosteum and bone, even when all possible precautions have been taken against their return at the time of their removal by operation. In many of these cases some of the morbid cellular elements have been left in the shreds of orbital tissue, or in the many fissures and sinuses communicating with the cavity of the orbit. But it seems not improbable that in some cases the periosteum or bone may have been the primary seat of the disease, which in the majority of instances is either pure sarcoma or myxo-sarcoma, or more rarely fibro-sarcoma. Though most orbital tumors, especially those arising from the connective tissue of the orbit, are sarcomatous in their nature, it is not safe to always so consider them. Tumors are often abnormal only because they are met with in a locality in which their elements do not always exist. When a morbid growth in the orbit has been removed, either with or without enucleation of the eye, the chances of its return are much smaller if it has been found encapsulated; and when in such a case the orbit again becomes filled, we have to choose between assuming a nidus of disease left behind and a new secondary tumor. But the presence of pathological cellular elements presupposes either a wandering of cells through blood-vessels, or lymphatics, or both, into the neighboring tissues or cavities, or else a new formation in the locality itself. If we accept the former view, which is preferable, we assume that these wandering pathological cells become massed together and fixed in the capillaries, act as emboli, and here increase. The origin of cell-formation is no different in pathological processes here from what it is elsewhere in the body, and will not be discussed here. Let it suffice to say that giant-cells, or the myeloplaxes of Wagner and other modern pathologists, are mother-cells, containing daughter-cells, and that they occur especially in sarcoma. Wagner thinks that

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where these giant-cells occur in bone tissue, they are probably metamorphosed osteoblasts; and according to Kölliker they are osteophagi or bone-eaters, because they dissolve bone tissue. Be this as it may, they are certainly of importance in the sarcomatous tumors of bone, and this is especially so in the bones of the orbit. They are sometimes too few in number and too inconstant in their occurrence to materially change the character of the tissue in which they occur; but in many sarcomata they give the character to the entire neoplasm by their great number. The secondary processes observed in bone and periosteum, which form the subject of this paper, are a general infiltration, softening and degeneration of bone tissue, and the development of exostoses and osteophytes from and in the walls of the orbit. The subject of true osteomata or of osteo-sarcomata, does not come within the scope of the paper, any more than does hyperostosis. This process of infiltration is strictly one of disintegration, in which the apparent destructive power of the giant-cells seems to be paramount. The development of pathological bone tissue takes place generally from new-formed or normal connective tissue, especially from periosteum, and it probably arises but seldom from pure osseous tissue. The growth of new-formed osseous tissue is in part interstitial, and mainly intercellular, through increase of the intercellular substance. But in this pathological infiltration of the bone with sarcomatous elements, there is little or no intercellular substance. As regards the osteophytes, the process is different. The modern definition of an osteophyte is "an osseous neoplasm firmly attached to the surface of bone, but distinguished from the latter by its spongy texture and great vascularity." In the writer's cases, however, the osteophytes arose from the periosteum, as the result of what seemed like periostitis ossificans, with a special predilection for the roof and inner wall of the orbit. Some authors regard exostoses and osteophytes as both examples of osteoma, and call the former homologous osteomata, while the osteophytes are called heterologous osteomata. According to Green, for example, exostoses are outgrowths from pre-existing bone, but may grow from the periosteum and become dense and eburnated, and this is especially the case in the orbit. He says also that there is usually a line of demarcation between them and the subjacent bone. On the other hand the heterologous

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osteomata or osteophytes originate apart from bone and grow from connective tissue, especially in tissues in the neighborhood of bones, which have been the seat of chronic inflammation, and hence are inflammatory formations. But it seems to the writer that this statement should be modified, at least so far as the orbit is concerned. Here the osteophytes certainly do not occur in the free orbital tissue, but are always attached either to the periosteum from which they arise, or to the bone itself; and it may be stated with positiveness that the metamorphosis of neoplastic inflammatory products into osseous tissue occurs especially in tumors which proceed from bone or periosteum. The development of these osteophytes as the result of the metamorphosis of the cellular elements of plastic inflammation seems to be not a very uncommon complication of recurrent orbital sarcomata; and in some instances this process of bone-growth may be seen by the side of bone-disintegration, produced by the infiltration of the bone-tissue with the myeloplaxes of sarcoma. How far these processes go on side by side, how intimate the connection between the two may be, and which comes first in the order of time, it as yet seems very difficult to decide; though it is probable that the osseous disintegration by infiltration with giant-cells is the later process of the two. The question has been raised whether these two processes, exostosis and bone-disintegration, are not different steps of the same process. A careful microscopic examination of these osteophytes has shown that they may be either diffuse and laminated, or warty and like stalactitic projections from the bone surface. According to Wagner they consist in the early stage of a reticular osseous tissue, in the centre of the spaces running a vessel surrounded by fibrous tissue. As they grow, the bony mass increases mostly in concentric strata, which deposits fill the spaces until nothing is left inside but the vessel, and eventually the latter may disappear. The osteophytes then either remain permanently, or as Wagner suggests, may disintegrate; a dissolution of the osseous tissue takes place, and the secondary or spongy state is reached.

Whether this stage is identical with that in which the bone is infiltrated with giant-cells, like those contained in the sarcoma of the bones of the orbit, is a matter which will admit of discussion. Sarcoma is recognized as belonging to the group

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of connective tissue tumors, but is distinguished from types of this group by the preponderance of its cellular constituents, both in size and number. In the orbit the amount of connective tissue is considerable, though the meshes are very loose and most of them large; and we should naturally expect to find in sarcoma developed here, a considerable amount of connective tissue; but this is not often the case. The intercellular substance here, though it may be fibrillar, is very apt to be granular, and even homogeneous, while the cells enormously preponderate. The influence of locality upon the development of sarcomata is said to be clearly evident, the osteosarcomata appearing on the surface of bones, while the softer forms, rich in cells, arise in the medullary cavity. But in the orbit it would seem as if the tumors were very frequently of the medullary variety. A myxomatous element is very often present in sarcomatous tumors of the orbit, especially in the recurrent growths. As a rule, the more developed the cellular element of sarcoma is, the more rapidly does it grow and the farther it extends; and this is especially true of the orbit. Here the neoplasm does not grow in one direction only, but in all directions along the small blood-vessels and lymphatics, though it may tend to grow more in one direction than in others.

Another fact to be remembered as of especial importance in the orbit is that when these tumors recur after extirpation, the recurring growths are always richer in cells than the original tumor; consequently grow much more rapidly and are more apt to be myxosarcomatous than purely sarcomatous. The size and rapidity with which a tumor forms in the orbit is usually indicative of its nature, and its growth here seems generally to be entirely beyond the laws which govern ordinary development in the body. Of course, in all cases of malignant orbital tumors, the great danger is the extension of the growth into the cavity of the skull. This may take place through the pre-existing normal anatomical canals or openings, like the optic foramen or the sphenoidal fissure, or by destruction of the roof of the orbit by caries, beginning, according to Perls, as ostitis, and ending in meningitis and encephalitis. The more frequent form of extension is, however, probably by dissemination of cellular elements of the tumor, and this is especially so in sarcomata. In this connection, it

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should be mentioned that in operating for the removal of a primary intra-orbital sarcoma, careful anatomical search should be made through the entire orbit, for the presence of enlarged lymphatics or infiltrated glands, as these are a common channel of propagation and a frequent cause of the recurrence of the tumor.

CASE I.—*Encapsulated Orbital Sarcoma—Extirpation—Return of Growth as Myxo-sarcoma—Infiltration of all the Bones of the Orbit—Three operations for Recurrence of Tumor.*

J. H., aet. 22, first seen December 18, 1879. Was perfectly well until two weeks before, when he noticed that the left upper lid began to droop, and the left eye protruded. The ptosis and exophthalmus steadily increased. There had been convergent squint in the left eye since childhood. When he presented himself, the ptosis covered about two-thirds of the cornea, there was slight protrusion of the eye, and the mobility of the eye-ball was limited in all directions, but mainly outwards and inwards. There was nothing abnormal in the fundus, not even a change in the retinal circulation. $V=\frac{20}{20}$ in both eyes. On December 22d, he began to complain of a constant dull pain in the orbit, and the ocular conjunctiva over the external rectus became chemotic. The arteries upon the optic disk became narrowed, and there appeared signs of perivasculitis. There was a faint regurgitant murmur heard at the apex of the heart, and a murmur at the base with each sound. On December 24th, there was discovered on the floor of the orbit a hard resisting growth, reaching from the infra-orbital notch to the external canthus, which pressed the lower lid forward, and could be followed for some distance into the orbit. It was very sensitive on pressure, and the seat of a constant dull pain. There was no pulsation felt or seen, nor any bruit heard. Vision had sunk in the left eye to $\frac{20}{200}$, which with a convex 12 could be improved to $\frac{20}{70}$. The patient was urged to allow an operation to be done for the removal of the growth, but declined and withdrew himself from treatment. Nothing was seen of him till February 16, 1880, nearly eight weeks later, when the exophthalmus was very marked, the eye being shoved upwards and inwards, the lower half of the cornea was opaque, and the

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upper half anæsthetic. There was a dense infiltration of the palpebral and ocular conjunctiva below the horizontal meridian. The lower lid was completely everted, the eye-ball immovable, and vision was reduced to faint perception of light. The orbital growth was very prominent at the external canthus and exceedingly sensitive, and the patient suffered constant pain that had worn him to a shadow. The operation was performed Februry 18, 1880, the conjunctiva being split parallel to the lower cul-de-sac from the middle outwards to the canthus. The tumor was found to extend far back towards the apex of the orbit, but was enucleated with comparative ease, as it was found to be encapsulated and only loosely adherent to the orbital tissue. Only one point of firm adhesion was found, and this was to the outer side of the sheath of the optic nerve. The orbital tissue was found so densely infiltrated by the products of cellulitis, that it was decided to enucleate the eye. A careful examination was then made of the orbit to determine whether there were any more growths, but none were discovered. The cellulitis was most marked on the floor and outer side of the orbit, and seemed to have been caused by the presence of the tumor. The patient did well from the beginning and the orbital cellulitis subsided slowly. On March 20th, the orbital tissue and conjunctiva were still so infiltrated as to protrude slightly through the lids, and a plastic operation was done for the removal of some of the thickened tissue, for the purpose of enabling the patient to wear an artificial eye. This was successful; but on April 5th there were well-marked signs of recurrence of the tumor in the orbit, the lower lid being again pressed forward.

The second operation for the removal of the growth was performed April 13th. It was found to be closely adherent to the periosteum of the margin and floor of the orbit, and reached back to the apex; in this differing from the first tumor, which was encapsulated and nowhere very adherent. It seemed more like a general infiltration of the orbital tissue and was very vascular, in this point also differing from the first tumor. Its adhesions to the periosteum at the lower orbital margin were extremely firm, exciting a suspicion that the tumor was an outgrowth from the periosteum. The operation was very tedious, and the patient lost a great deal of blood, as the external canthus had to be split, in order to give more

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room to work in. The orbit was cleaned of everything as completely as possible, and the periosteum was stripped up from the lower margin and floor of the orbit as far back as could be reached. The roof and inner wall of the orbit did not seem to be involved by the growth and were left undisturbed. The orbit was then washed out with a five per cent. solution of carbolic acid, and then painted over with a forty-grain (eleven per cent.) solution of chloride of zinc. In spite of this the hemorrhage was so profuse that the orbit had to be plugged. Violent reaction followed in the skin and subcutaneous tissue of the lids, cheek and temple, and the plugging of borated cotton had to be removed. The orbit was then washed again with the carbolic acid solution, but the hemorrhage again recurred. This led to a further careful examination of the orbit, and the growth could be seen presenting in the sphenoidal fissure and optic foramen. Plugging was resorted to and maintained for 36 hours, but then had to be removed owing to the erysipelatous condition of the lids and cheek. Under the influence of iron and quinine internally and hot lead and opium applications externally, this condition subsided in about two weeks, and then the patient did well. On June 11th, both lids were retracted and adherent to the external angle of the orbit, and the lower lid was adherent to the lower orbital margin throughout the external two-thirds. The cavity of the orbit was much contracted, but there was no demonstrable return of the growth. On June 25th, a hard, firm nodule, as large as a hazel-nut, was found over the malar prominence, firmly adherent to the periosteum, but not to the skin. This continued to grow, and on July 30th another nodule was discovered on the orbital margin, near the inner canthus, as large as a bean, firmly adherent to the periosteum and connected with another growth in the orbit near the *inner* wall. On September 7th he presented himself for another operation. The pain was constant and severe, and had been for several weeks, but there were absolutely no head symptoms at any time. The tumor outside the orbit covered the malar bone, extended over upon the superior maxilla, and outwards upon the temple, filling the temporal fossa. It was irregular, had a nodulated surface, and the skin was drawn tightly over it, but was not adherent. The growth filled the orbit, involving the floor and inner and outer walls, and the outer third of



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the upper lid. An incision was made along the lower lid margin, as in the Arlt-Jaesche operation for entropium, and was extended two inches (51 mm.) from the external canthus towards the ear. Another incision was then made from the inner end of the first incision down along the nasal furrow to the ala of the nose. This skin-flap was then carefully dissected up and reflected from the growth; and during this process several vessels had to be tied. The extra-orbital portion of the tumor was then cleared from the superior maxilla and malar bone with some difficulty, and also from the temporal fossa as far as practicable. The orbit was then again thoroughly cleared, but the hemorrhage was profuse and interfered greatly with the operation. There was a large hole through the floor of the orbit, opening into the maxillary sinus, the bone having been disintegrated and absorbed by infiltration with the myeloplaxes, and the antrum was found filled with the growth. There was also a ragged hole anteriorly through the wall of the antrum, just above the alveolar arch. After the hemorrhage had been checked, the growth was found to fill the left nasal sinus, the ethmoid cells and sphenoidal fissure, and the ethmoid, lachrymal and part of the sphenoid were found so infiltrated with the growth that the finger could be pushed through, showing that the bony tissue had disintegrated and been absorbed. From the roof of the orbit there were quite a number of straight and hook-like osteophytes projecting, and the whole surface of the bone was roughened. On the outer wall of the orbit, especially near the external angle, the bone was infiltrated and disintegrated by the cellular growth, as in the inner wall. Around the hole in the anterior surface of the superior maxillary bone there were some small osteophytes, showing that this hyperplastic tendency in the diseased periosteum existed here also. There were no signs of any spongy exostosis springing from the superior maxilla, such as is often met with. It was deemed unsafe to meddle with the osteophytes growing from the roof of the orbit, for fear of opening into the cranial cavity. The orbit was therefore again washed out with a solution of carbolic acid, and the flap of skin replaced over the superior maxilla and kept in position by sutures, and the outer half of the opening closed by bringing the remains of the lids together with sutures. There was a good deal of reaction from the severity of the operation, but the pa-

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tient did fairly well under stimulant and restorative treatment, and the flap united perfectly.

On October 13th there was a recurrence of the growth in the cheek, evidently proceeding from the antrum through the hole in the anterior surface of the superior maxilla. This grew with great rapidity, was very painful, and exhausted the patient more than at any previous period, but the writer did not deem any further operative interference justifiable. Though all the bones of the face on the left side, except the lower jaw, were involved, as well as the frontal, ethmoid and sphenoid bones, there had never been any head symptoms, the direction of the growth having been outwards rather than inwards.

A microscopical examination of the original encapsulated tumor showed it to be a sarcoma of the small round-cell variety, with a few fusiform cells. Each of the recurrent growths showed a greater increase of the fusiform and of the large giant-cells, with an admixture of mucoid tissue, answering to the appearance of myxo-sarcoma. In places there were very large numbers of giant cells, and this was especially the case in the last growth, in the portions removed from the ethmoid and superior maxillary bones.

CASE II.—*Intraocular Sarcoma—Secondary Infiltration of the Optic Nerve and Orbit—Degeneration of the Bones of the Orbit and Face—Four Operations for the Removal of the Growth.*

Julia M., aet. 26, was first seen July 7, 1879, and gave the following history:—Sixteen months before, while recovering from confinement, she found, one morning, that she was totally blind in the left eye, and that it was abducted. The eye remained in this condition, quiet and painless, till six months ago, when she again became pregnant, and since then there has been constant pain in the eye, temple and supra-orbital region. An examination showed a normal cornea, the anterior chamber nearly abolished, the iris nearly in contact with the cornea, the pupil dilated ad maximum, and the lens pushed forward towards the cornea. In the upper and outer quadrant there was a small ciliary staphyloma, and the tension was perceptibly increased. An intraocular growth being suspected, and there being no reflex from the fundus and no vision, enucleation was advised and consented to.

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There was found some difficulty in dividing the optic nerve, owing to a thick, hard nodule of tissue which surrounded the nerve at its entrance into the sclera and extended for some distance backwards along the nerve. The latter was, therefore, drawn as far forward from the optic foramen as possible before being divided. On opening the eye-ball, an intraocular growth was found nearly filling the interior, apparently starting from the choroid, which had perforated the sclera in the vicinity of the nerve entrance. The vitreous was absorbed, the retina entirely detached and jammed against the lens, and the iris was retracted at the periphery. The distal end of the optic nerve looked healthy, and there was no apparent infiltration of the orbital tissue. The patient was discharged at the end of a week with directions to report once a week, but she was not seen till August 29, when the growth was found to have returned in the orbit, and the conjunctiva bulged forward. As she was about to be confined, it was thought best to postpone the operation, but when again seen on October 30, five weeks after confinement, she presented a horrible appearance. The tumor had grown with alarming rapidity—had entirely filled the orbit, and protruded through the widely-distended lids for a distance of over two inches, (51 mm). There was great swelling of the skin of the forehead, temples and cheek, due to the great pressure produced by the tumor. The skin of the lids was livid, the palpebral aperture distended almost to bursting, and there was an agonizing gnawing pain in the orbit and head. The surface of the neoplasm was bleeding and discharging a thick puriform fluid of fetid odor. An incision was made with scissors along the ciliary margins of both lids, so as to free the conjunctiva completely from the lids, and then by means of the blunt hook, scissors and the finger, the adhesions of the growth to the orbital walls were broken up; none being found close and dense except near the apex of the orbit.

After the main mass of the tumor had been removed, an examination showed that the orbital margin at both the internal and external canthus was diseased, the periosteum being perforated and infiltrated and the bone roughened. There was profuse hemorrhage which was with difficulty controlled. The orbit was then thoroughly cleaned out, and as much of the growth which projected from the optic foramen and sphe-

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noidal fissure, cut off as possible. The orbital margin was then cleared of its periosteum and the bone thoroughly scraped. The general periosteal lining of the orbit did not seem to be diseased. The cavity was then washed out with carbolized solutions, and packed with carbolized sponges and covered with carbolized dressings and a tight bandage. There was very little reaction and the patient rapidly recovered.

On December 3, there was noticed a suspicious nodular swelling in the skin of the upper lid at the external angle, which was dense, somewhat elastic, attached to the bone, and grew forwards and inwards towards the median line, closing the orbital aperture in this direction.

On December 27th, this recurrent tumor was removed. The external canthus was divided for a distance of an inch and a quarter. The outer two-thirds of the upper lid were removed with the growth, which was found to be only loosely attached to the periosteum. The latter was found diseased and was removed from the exterior and interior of the orbit in all directions, as far as its condition was at all suspicious. The bone was found infiltrated, especially the external angle of the frontal, and was removed by the rongeur and scraper to a considerable depth. The orbit itself appeared empty, and was not disturbed. The patient did very well and improved steadily in health till March 8, 1880, when a well-defined nodule was seen at the inner end of the upper lid and extending over on the nose and into the lower lid, and another nodule in the outer third of the lower lid. These nodules grew rapidly. She complained of great pain in the orbit and head, and the whole left side of the face became red and swollen.

On March 13, the lids burst open, there was a profuse discharge of blood and pus, and the pain almost entirely ceased. The tumor again filled the orbit, had burst through the line of union between the lids which closed the orbital aperture, and presented as a bleeding, fungoid mass.

On March 17, 1880, the fourth operation was done. The internal canthus was divided horizontally as far as the median line of the nose. The remains of the upper and lower lids were dissected up from the growth and thrown back, and the orbit was then slowly cleaned out by hooks, scissors and finger. The growth was very soft and exceedingly vascular. The roof, floor and inner wall of the orbit were found very much dis-

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eased, rough, necrosed and infiltrated in places to such a degree that the bone crumbled on pressure. The whole roof was covered with osteophytes, straight and hooked, all sharp and hard, like stalactites, and between them there were several small openings into the cranial cavity. The os planum of the ethmoid was completely honeycombed, there was a large opening through the lachrymal bone into the nasal fossa, and one into the maxillary sinus through the floor of the orbit. The ethmoid cells were changed into one large cavity, containing debris of bone and some of the cellular growth. After all detritus was removed that it was deemed safe to touch, the cavity was carefully and slowly cleansed and then plugged with borated cotton. The patient reacted well, and union at the two canthi being complete on the third day, the sutures were removed. The patient did well until May 11th, when the tumor reappeared in the orbit, coming from the antrum and ethmoid and from both canthi, the bone itself being the source. No further operation was deemed of any use, and the patient was admitted to a general hospital, where she lingered until November 23, 1880, when death occurred. No autopsy was allowed.

In this case the tumor was originally an intraocular choroidal sarcoma, which had perforated the sclera near the optic nerve entrance, involved the sheath of the nerve, and thence spread to the orbital tissue. As an orbital growth therefore its seat primarily was in connective tissue, and it subsequently involved the periosteum and orbital walls. The choroidal sarcoma was of the usual small-round-cell variety and presented nothing peculiar in its course. The orbital tumor was at first sarcomatous, afterwards myxosarcomatous, though the proportion of mucoid tissue was less than in the previous case. But the number of myeloplaxes was large, and their number grew greater in proportion to the other cellular elements with each recurrence of the tumor. In this case, in spite of the holes of communication between orbit and cranium through the roof of the orbit, there were no head symptoms until just before death.

In both these cases, the influence of operative interference in hastening the recurrence of the tumor seems very marked. They both seem to show also that the stripping up and removal of diseased periosteum, hastens the return of the disease in the

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bone, even when the latter has been carefully scraped at the time. Both cases show the general deformity of the orbit through disintegration and destruction of the bony walls; and both illustrate how long a malignant process can go on in the bony walls and sinuses separating orbit from brain without any complication being set up in the vital organs within the skull. Certainly in the second case there was good reason for expecting meningitis of the left anterior fossa, with encephalitis and abscess, and yet the patient remained free from any head symptoms until near the end.

CASE III.—*Fibro-sarcoma of Orbit, involving the periosteal lining, and subsequently the bones of the orbit and face.*

W. J., aet. 48, first seen in January, 1880, and gave the following history. For many years he had suffered from an obstinate naso-pharyngeal catarrh with profuse discharge, which five years ago extended to the nasal duct and lachrymal sac. An abscess formed on each side of the nose, which was opened and later the usual operation for stricture of the duct was done, and since then he has had very little trouble. Early in the winter of 1878–79 the left eye began to protrude, and there was also some swelling of the lids and cheek. The conjunctiva became chemotic around the cornea and there was considerable muco-purulent discharge. There was not much change in the parts until April, when the discharge ceased, the chemosis disappeared, and vision began to fail. From this time the exophthalmus rapidly increased and the vision as rapidly diminished, while the eyelids and left cheek became very much swollen. In May the skin of the cheek became so tense that it ruptured in two places, one just over the malar prominence, and the other just below the internal canthal ligament. Through these openings exuded a thin purulent discharge. There had been for some months a dull, heavy pain, deep in the orbit, but the patient only spoke of it when questioned directly on the subject. When he presented himself for examination, the exophthalmus was very marked, the eye being pushed forwards and inwards towards the median line, and was nearly on a plane with the bridge of the nose. It was almost immovable, there being still however a little motion inwards. The cornea was slightly cloudy, but the iris and pupil were normal, and V = $\frac{10}{100}$. An ophthalmoscopic

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examination showed the media clear, except the slight haziness of the cornea, and a moderate degree of neuro-retinitis with not much swelling of the disk except in the infero-nasal quadrant, where it had all the appearance of choked disk. There were three external openings, two in the cheek and one in the lower lid near the external canthus. All three pouted, resembled very closely the mouths of sinuses leading down to necrosed bone, and discharged a small amount of thin pus, of a very offensive odor. The patient was abnormally stupid, spoke no English, being a Pole, and could with difficulty be communicated with. A probe introduced into either of the three openings passed for some distance into the orbit, but no dead bone was struck. The opening near the inner canthal ligament seemed to communicate with the nasal sinus and the ethmoid cells, for the probe passed into a cavity that led off from the orbit. The eye-ball could not be replaced in the slightest degree and the growth in the orbit was very firm and dense. The patient was urged to have the eye removed and the entire contents of the orbit cleared out, but declined as he still had considerable vision in the eye. He was not seen by the writer again until the following June, when he presented a horrible appearance. Vision was entirely lost, the cornea had sloughed, the contents of the eye-ball had been gradually discharged, and the pain was constant and very severe. The intra-orbital growth presented through the opening in the lids, the latter being distended to their utmost capacity. The tumor was not particularly vascular, but its surface discharged a thin, offensive pus. It was hard, firm, closely attached to the periosteum of the orbital walls, and extended down upon the malar and superior maxillary bones, and outwards upon the temple. From the intimate connection between the growth and the periosteum at the margin of the orbit, it was suspected that the bones forming the inner wall of the orbit were involved. The remains of the eye-ball were first removed and then the contents of the orbit dissected out. The adhesions to the periosteal lining were everywhere very close, and hence it was extremely uncertain whether the growth began in the loose connective tissue of the orbit, or in the denser tissue of the periosteum.

When the region of the ethmoid bone was reached, the os planum was found to have nearly entirely disappeared, and

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the growth filled the ethmoid cells and extended into the nasal sinus. On lifting up the tumor, a hole was discovered in the floor of the orbit, leading into the antrum, through which the growth also extended, and as far as could be judged by the introduction of a probe, it filled the antrum. It was not deemed wise to enlarge this opening, but as much of the tumor as could be reached with forceps and scissors was removed. The interior of the ethmoid bone was softened and broken down and infiltrated with the cellular elements of the growth. A flap of skin was then dissected from the superior maxilla and malar bones, its apex being at the inner canthus and the lines of incision running, one along the margin of the lower lid and from the external canthus out half an inch upon the temple, and the other down the nasal furrow to the ala of the nose. The periosteum and growth attached to it in this region was then carefully removed as far as there appeared any morbid growth, and the bone scraped. After the orbital cavity had been carefully washed out, the deep growth of the tumor was seen to penetrate so far into the cavities and sinuses connecting with the orbit, that it was not thought advisable to attempt any further removal. It was seen that the lachrymal bone had disappeared by disintegration and absorption, that the ethmoid, frontal and superior maxilla were deeply involved, and that probably all the deep bones of the face on the left side were implicated. The flap of skin was replaced and attached by numerous sutures and the orbit packed with borated cotton. The patient reacted well from the operation, and the wound healed rapidly; so that at the end of three weeks the patient could be discharged, free from pain, and with very little secretion from the orbit. The holes in the skin of the cheek, however, did not show any tendency to cicatrize. The patient left the city, and has never been seen since. A microscopic examination of the tumor showed it to be, contrary to expectation, a fibro-sarcoma with, however, very extensive cellular development. Where the fibro-sarcomatous character was most pronounced, the cells were generally fusiform, but the nearer the bone the tumor was examined, the more cellular elements appeared, both round and fusiform. None of the round cells were very small, and in the periosteum and in the debris removed from the ethmoid cells, were numbers of giant-cells or myeloplaxes.

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It does not seem probable that there was any connection in this case between chronic inflammation of the nasal ducts and the malignant disease in the orbit. Though, no doubt, the long-continued disease of the ducts had led to periostitis and, perhaps, caries of the bony wall of the ducts, yet the most that could be expected would have been an extension of the carious process to neighboring bones. It seems probable in this case that the growth started in the periosteum,—the reason for this supposition being its fibro-sarcomatous nature—and that the bones were involved somewhat early in the course of the disease. Though in this case the direction of the growth was both outwards and inwards, yet the main efforts were spent in extension outwards, as in the other two cases, and this explains the long freedom from head symptoms, even though there were direct channels of communication with the cranial cavity by disintegration of the bony wall.

If one may draw conclusions from these three cases, it would seem that such cases are not fit subjects for operative procedures. When the periosteum of the orbit or the orbital tissue are involved, it does not seem possible to remove *all* the growth, owing to the nature of the parts, and any mass of cellular infiltration, no matter how small, becomes at once a starting-point for more rapid growth than before. With each operation there follows an increased rapidity of growth, the tumor showing a tendency to change from pure sarcoma to myxosarcoma. When once the bones of the orbit are involved, the writer does not believe that any further operative interference should be attempted. The rapidity of growth among the small bones of the face and base of the skull, and their disintegration by infiltration with the large sarcoma cells is very marked, especially in the case of the ethmoid and sphenoid; and the small amount of good attained by an operation is but temporary, and is far outweighed by the dangers of the operation, the severity of reaction and the rapid recurrence of the growth.

### *Discussion.*

DR. THOMAS R. POOLEY, of New York: Mr. President—In confirmation of a statement Dr. Bull makes, that is, that a sarcoma when encapsulated was less likely to recur than when free, I would like to report a case in point. A patient under my

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care in Charity Hospital had an orbital tumor which displaced the eye outward and downward. The eye itself was unaffected. It was proposed to remove the growth without sacrificing the eye, but the patient would not submit to an operation. It was not until about two years later that the tumor had so far progressed as to destroy the eye. The eye-ball and tumor were then both removed, when the tumor, which was very easily enucleated, was found to be encapsulated.

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## VII. FAVUS AND ITS TREATMENT BY A NEW METHOD OF DEPILATION.

BY L. DUNCAN BULKLEY, A. M., M. D., of New York, attending Physician for Skin and Venereal Diseases at the New York Hospital, late Physician to the Skin Department, Demilt Dispensary, New York, etc.

Although a comparatively rare disease in this country, favus is met with from time to time, and there is reason to believe that many cases exist which either pass along unrecognized or are but partially treated. Thus they linger along in the hands of one physician after another, as the patient grows weary of treatment, or the disease is supposed to be cured, again to crop out when left to itself. Six cases of favus have presented themselves at my clinic, at the New York Hospital, during the past two years, and all of them, I believe, have been of very considerable duration, even many years in some cases.

It is not the purpose of the present brief communication to discuss the disease in general and its treatment, but simply to present a method which has been of very great service to me in dealing with cases of it during the past few years, and which has been watched with interest by a number of physicians who have followed the clinic.

Few who have carefully observed cases of favus, and know how deeply the fungus penetrates, will deny that a successful treatment of the disease must involve an extraction of the hairs, both in order to remove a certain quantity of the parasite within them and their sheaths and also to allow any remedy which is used to penetrate to the real seat of mischief.

Epilation, or depilation, as it should be more correctly called, has long been practiced for this disease, first by the fingers alone, as employed originally by the frères Mahon in the Hôpital St. Louis, Paris; then with the aid of the forceps, and later by means of what was known as the calotte, or covering made of adhesive material spread on strips of linen, which,

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after hardening on the scalp, were torn off, bringing the adherent hairs with them.

Having to treat a large number of cases of tinea tonsurans, or ringworm of the scalp, in a public institution, some time since, and desiring to depilate more readily than could be done by the forceps, I endeavored to use the calotte, and had the strips prepared according to the French formula. This proved an utter failure; the material could not be made to adhere sufficiently well to the cloth, and masses of it were left adherent to the hairs, and very few of the latter were pulled out. Moreover, as the scalps were not entirely and absolutely covered with a disease which had loosened the hairs, the healthy ones would not come out, and the operation caused great pain.

It then occurred to me to employ shoemakers' wax, in a lump, which could thus be applied only to the diseased patches; but this was not sufficiently adherent, as the warmth of the skin kept it too soft, and no hairs were drawn. I then remembered having heard of or having seen a French *pâte épilatoire* advertised for the removal of superfluous hair from the face of ladies, and, on securing a specimen of this, I found that when applied it held tenaciously to the hairs, and that the diseased ones could thereby be extracted with great efficiency.

After a number of experiments with different combinations, with the aid of Mr. F. Haas, pharmaceutist, I succeeded in imitating these sticks very perfectly, and the following is the formula which we have found best, from which the druggist of the New York Hospital has made them several times very satisfactorily:

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| | | |
|---|---|---|
| Ceræ flavæ, | ʒ iii. | 3 |
| Laccæ in tabulis, | ʒ iv. | 4 |
| Resinæ, | ʒ vi. | 6 |
| Picis Burgundicæ, | ʒ x. | 10 |
| Gummi Dammar, | ℥ iss. | 12 |

After the ingredients are thoroughly incorporated, the mass is rolled into sticks of various size, from one-quarter to three-quarters of an inch (6 to 18 mm.) in diameter, and cut off in lengths of two or three inches (50 to 75 mm.) each. The idea of the different sizes is that the work may be rapidly done with the broader sticks, where a large surface is to be gone

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over, while the thinner ones fit small irregularities, or can be applied to small isolated spots. If the sticks are more than two or three inches in length, they are rather unmanageable when it is desired to apply a number at once.

The idea sought to be obtained in the composition of the sticks was to have a substance which would melt at a comparatively low temperature and yet be hard at that of the body; also, one which would cool quickly and have great adhesive properties, for some of the earlier combinations experimented with were found to break off, and to leave a portion adhering to the skin. The sticks are applied by slightly melting the end in an alcohol flame, and care must be taken in applying them to heat the surface only superficially, and not to place it upon the part instantly, for it may thus be very painful, and even burn the skin, causing a blister.

The hair should be cropped short, about an eighth of an inch (3 mm.) long, over the part to be treated, and as the stick is applied a slight rotary or twisting motion is given to it, to work the short hairs into its substance. It is to be left on for several minutes,—the longer the better,—and is removed by bending it over and drawing the hairs in succession, even with a slight twisting motion. When the diseased surface is at all large, a number of sticks may be applied, one after the other, and left on until cold; and as one is removed it may be immediately reapplied, and the one next longest on may be taken off and again replaced, and so on. I have thus used a dozen or twenty sticks at once, and so made very rapid progress in a very short time.

When the stick is removed from a greatly diseased patch of favus which has still much hair, the end is as thickly set with the bristling hairs as can be imagined, resembling a very fine infant's brush, and for a time it was a puzzle to know how to cleanse the end for a new application. The most ready and best method of accomplishing this is to burn the hairs in the flame which is used to melt the stick, and to wipe the end firmly upon a sheet of paper; the unburned portions of the hairs, with some of the material, will then be left adhering to the paper. Further contagion from the hairs is thus prevented, and a good surface is left on the stick for subsequent use.

The pain attending the extraction of the hairs by this method

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is not nearly as great as one might imagine, although, of course, it is considerable; a little practice renders it possible to give less pain than when first used, and I have found very considerable difference between the way patients have borne it when I performed the operation myself, or have entrusted it to one of the gentlemen attending my clinic. I have employed this method of depilation in at least six or eight cases, and in some of them for a considerable length of time. The most striking case, which has resulted in a perfect cure of the disease of many years' duration, may be very briefly detailed.

Lizzie T., now a pretty girl of 13 years of age, first came to the Hospital January 28, 1880, for the relief of her scalp disease, which had lasted nearly, if not quite, since her earliest recollection. Almost the entire surface of the hairy scalp was found to be the seat of favus in various stages. Along the front there were well-defined cups extending to within half an inch (13 mm.) of the anterior margin of the hair, and the disease reached to within an inch (25 mm.) of the posterior and lower border of the hairy scalp; at the sides it extended almost to the ears, with a small portion of healthy hair on the right side. Much of the surface was covered with a confused mass of dirty yellowish crusts and scales, with some already bare spots of cicatricial tissue, and some which appeared to be also permanently destroyed, but on which the hair has since grown luxuriantly.

Depilation, by means of the sticks, was immediately commenced about the vertex, after clipping a portion of the hair to a proper length; as the treatment progressed, the area was enlarged circumferentially until the entire surface was gone over in successive sittings. Attention was, however, directed sooner towards the front of the scalp, with a view of preventing a further extension of the disease in this direction, and thus, if possible, of sparing the fringe of hair over the forehead, in which we were successful. She generally came three times in the week, alone, and bore the operation well, though occasionally, especially on parts not greatly affected, it would bring tears to her eyes.

After the depilation at each sitting, a lotion of bi-chloride of mercury, four grains to the ounce of water, (one per cent.) with a little muriate of ammonia, was thoroughly rubbed into the bared area for several minutes, by means of a stiff cloth

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swab. The further treatment at home consisted, from first to last, in the use of citrine ointment, three times diluted, rubbed in night and morning; this was employed partly in order to prevent the spread of the disease by means of the dried spores of the fungus and partly as a parasiticide. She also, from time to time, took such remedies as the rhubarb-and-soda mixture, and once received ergot for a headache, which she had long suffered from, but which has largely ceased since the removal of her favus.

The number of hairs upon the scalp, and the time required for their removal by depilation, by means of the forceps, can hardly be appreciated except by those who have had practical experience in the matter. In two separate cases under my care more than 70,000 hairs were extracted from each during the course of the treatment. This little girl—Lizzie T.—attended very faithfully, but it was not until late in the spring that the disease was arrested. Some portions of the scalp were gone over several times; as soon as fine hairs appeared they were extracted, because minute cups would, from time to time, appear about the hair follicles. During the summer, little was done for her, and the hair was allowed to grow, and attained some length. Early in the autumn, a few doubtful appearances were observed, and a small amount of depilation was practiced with the sticks, and of single hairs with the forceps.

She has now been left a number of months without treatment, although she has attended at stated intervals for observation, and has been twice exhibited at my lectures, at the New York Hospital, this winter. The hair has now grown to considerable length, and is reasonably soft and silky; and though the surface of the scalp is a little scaly from the harsh usage it has received, there is no trace of a cup anywhere, nor can a particle of fungus be found in the scales or hair on microscopic examination. As before mentioned, a very considerable portion of the surface which was thought to be already rendered permanently bald has yielded a good crop of hair, and the disease which had rendered her life miserable from infancy, and had kept her from school more or less, is permanently cured.

She was seen last on January 29, 1881, one year from her first visit. She had then been entirely without any treatment

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or any local applications of any kind to the scalp for four months. Not a trace of the former disease was visible, except the scars alluded to, and the hair was about four inches long over the parts from which it had been frequently extracted.

A few words may be added in regard to the applicability or non-applicability of this method to the disease for which I originally devised it, namely, ordinary ringworm of the scalp (herpes tonsurans, or tinea trichophytina capitis). I have been rather disappointed in its use in this disease, for reasons which are inherent in the disease itself, though, in certain instances, it may be of service, as will be mentioned.

It is well known that the result of the action of the parasite in the hairs, in ringworm, is to destroy their texture, and to render them so brittle that they very easily break off. So marked is this feature that it has given the name to the affection, namely, herpes, or tinea *tonsurans*, because of the appearance of a tonsure which the disease produce when recent; all are familiar with the broken and stubbed hair on these patches, feeling like a brush when the finger is passed lightly over them.

When we attempt to extract the hairs or stumps which are left on patches of ringworm of the scalp, by means of forceps, they are found to crumble and break off in the grasp, and one fails to extract the root, except with the greatest care, and by making traction in the exact line of the axis of the hairs. Consequently the depilatory sticks here presented do not accomplish very much on patches where the disease is well marked.

Another difficulty in using them successfully in tinea tonsurans lies in the scattered character of the eruption, whereby patches of disease of various sizes, often very small, are interspersed among healthy hairs. If, in putting on the sticks, they are made to reach out on to portions which are healthy, it will be found impossible to remove them. The mass of hairs cannot be thus extracted unless much diseased, and the pain given in attempting it is intense. This happened to me a number of times in my earlier trials, and I was obliged sometimes to cut the hairs on the healthy parts beneath the sticks, and sometimes the stick broke off, leaving a portion with the hairs firmly imbedded in it.

In old cases of ringworm, however, where the disease has

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traversed large areas, and the hair has re-grown rather thinly, and the surface is covered with branny scales, the hairs are more easily extracted *en masse;* and, moreover, they do not break off so readily as in the earlier stages. In these cases the sticks can be used to better advantage; and it is just these old cases which are obstinate, and in which a radical and thorough treatment is required. Here the wholesale depilation which is often necessary may be most readily accomplished by these sticks.

Favus resembles these latter cases more than it does the ordinary, more recent, cases of ringworm, in that in favus the hairs have comparatively little tendency to break; moreover, favus marches ahead evenly until a large surface is covered; and, finally, it leaves behind it a surface on which the hairs are deeply affected, need to be extracted, and can be drawn out with comparatively little pain. For rapidity of action and certainty, together with perfection of results, in such cases, the method here advocated can hardly be excelled.

## *Discussion.*

DR. E. R. SQUIBB, of Brooklyn:—Mr. President—I would call attention to the anæsthetic effects of carbolic acid, locally applied, which I and others have been able to verify, and would suggest its trial in these cases of depilation.

DR. H. G. PIFFARD, of New York:—Mr. President—The treatment of favus and ringworm of the scalp was, in former years, exceedingly unsatisfactory, and the first good results were attained by a couple of quacks in Paris, known as the *frères Mahon*. The treatment which they put in vogue, chiefly consisted in the extraction of hair by means of a skull-cap lined with pitch applied to the scalp. After the pitch hardened, the cap was drawn off and with it the hair; and sometimes a portion of the scalp. Death resulted in some instances. After that, depilation with the forceps came in vogue. Some years since, Dr. Keyes brought from Paris a cosmetic similar to the one which has been exhibited, and which was devised and sold in Paris by a French female quack. It was recommended by her for ladies' use, to remove superfluous hair. Dr. Keyes brought it and suggested its use as a convenient agent in depilating parasitic affections. The idea was taken up by several New York dermatologists. It is more painful than depilation with the forceps, because with the forceps you take out only three or four hairs at a time, while with this (holding up stick of cosmetic), you pull out fifteen or twenty.

DR. HARVEY JEWETT, of Canandaigua:—Mr. President—In reference to the treatment of this disease, which I have had some experience with, the plan used by Dr. Bulkley is very simple and very effectual. But all engaged with youth have had a good deal to do in the way of keeping them quiet during the operation. It is a very tedious and painful one. I have had under my charge during the last year, at the Orphan Asylum, ten or twelve of those cases, and it would have required all the attendants of the Asylum to quiet them. Instead of doing that I took a razor, and



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lathered and shaved the head of every one three times, and all but one of them recovered. It was done by simply shaving the scalp. That has been my custom for years in ringworm—simply shaving the scalp.

DR. H. G. PIFFARD:—Mr. President—Shaving has had a very large experience in the hands of others and failed. Another stick is sold by a Madame Julian, for the removal of superfluous hair. That stick has a very suitable consistency.

DR. L. D. BULKLEY:—Mr. President—Shaving is a well known treatment which is of service in recent cases in connection with proper local measures. But shaving is by no means always curative; for in the public institution to which I have referred, this had been used in many of the forty cases of ringworm there under my care. They were shaved two or three times weekly, and even with varied local applications the disease, in many instances, lasted several months. It was of far greater value in recent cases than in those of long standing. But it is also of the greatest importance to differentiate between favus, or tinea favosa, caused by the parasite achorion Schoenleini, and ordinary ringworm, tinea or herpes tonsurans, caused by the trichophyton tonsurans. The former extends deeply into the hairs and causes destruction of the hair-follicles, resulting in cicatrices on which no hair can grow; whereas, ringworm does not thus produce scars and permanent baldness. In ringworm mere superficial treatment is sufficient, but in favus depilation is necessary, because of the deep penetration of the parasite, both in order to remove the affected hairs and to allow any remedy to reach down into the follicles.

DR. HARVEY JEWETT:—Mr. President—I have used corrosive sublimate with many of those cases.

DR. J. B. GRAVES, of Corning:—Mr. President—I am very sorry that there has arisen so strong a prejudice against calomel all through the country. I have cured hundreds of the cases presented here, with calomel ointment simply.

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## VIII. ACUTE PRIMARY SYNOVITIS OF THE HIP.

BY V. P. GIBNEY, M. D., of New York.

I report the following cases to call the attention of those who are in general practice to a disease which I believe must occur with more frequency than we would naturally suppose. There are cases of so-called hip disease running a comparatively brief course and occurring in children from eight or ten to fifteen years of age whose history would indicate that nothing more than the synovial membrane was ever the seat of lesion.

The patients between the ages of two and seven years who come under our observation for joint disease as a rule have a primary lesion in the bone, a chronic central ostitis of the epiphysis and the synovial membrane is not involved until a late period in the disease.

The history of an ostitis is different from that of a synovi-

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tis. In the one we have an almost imperceptible beginning, in the other the invasion is acute and well defined. The signs, too, on examination, differ materially. In the early stages of an ostitis we get no joint tenderness and the pain is not acute enough to prevent the child from walking. In synovitis the joint tenderness is very marked and the patient after the first twenty-four hours is unable to walk during the first and second weeks.

One disease is as a rule chronic, the other is acute; one extends over a period varying from two to five years, the other over a period varying from four to ten weeks.

In a paper on "The Strumous Element in the Etiology of Joint Disease," published in *The New York Medical Journal* for July and August, 1877, I have recorded my first case of synovitis of the hip. It is case IV of the list. Two more are on record in another paper on "The Diagnosis of Hip-Disease," published in the *American Journal of the Medical Sciences* for October, 1878. My friend, Dr. E. H. Bradford, of Boston, in a paper on "Hip-Disease," in the *Boston Medical and Surgical Journal* for November 11, 1880, has reported a case (No. XIX) of synovitis of the hip.

It is difficult to formulate symptoms. Symptoms I mean that are pathognomonic. One must examine the case with care, testing the functions and sensitiveness of the joint thoroughly, employing such means as may suggest themselves. He must remember that if the joint be tender he should get referred pain in the obturator whenever the joint surfaces are approximated. There should be no infiltration in the periarticular tissues. Sometimes one can perceive an elastic fulness about the trochanter or below the groin if there be much distension of the capsular ligament. Then there must be a history of acute pain and great tenderness. The history will be very clear, the mother being able to name the day, and the hour frequently, when the first attack of pain was experienced. A diagnosis can often be reached by exclusion. The cases here reported I have given in detail in order to bring out points in examination.

As to prognosis I do not know of any cases that have not made a good recovery. The function of the joint is restored and no one can tell from the gait that any joint lesion has ever existed, except perhaps in a single case—one of those pub-

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lished in the paper on "The Diagnosis of Hip-Disease" already cited. The child was slightly lame for a long time after all other symptoms had subsided, though a note made during the past year was to the effect that all traces of lameness had disappeared.

The treatment has been very simple: viz., rest and counterirritation.

CASE I.—Maggie M., aet. 9, was admitted to hospital September 19, 1879. The case was referred by Dr. Wm. T. Bull. With the exception of intemperance in the father, the family history on both sides of the house was good; the hygienic surroundings had been poor, yet the child had been in good health up to the invasion of present disease, the first symptoms of which appeared on the morning of the 12th inst., without any assignable cause, unless, perhaps, exposure to cold may be regarded as a cause; the girl walked a little lame that morning, favoring the left side, referring the pain to the knee—was not very lame—and, indeed, rested very well that night; but next morning, the 13th, she was unable to walk at all, so tender the joint and so acute the pain. In the afternoon fever came on and persisted throughout the entire night. She suffered very much every day and every night until the day of her admission. While asleep the limb is flexed at hip and knee. The pain had been paroxysmal and was referred always to the groin, the inner side of the thigh and the knee. The appetite has been good and the bowels regular. The child was carried in with the greatest care and considerable difficulty was experienced in preparing her for examination. While the patient was quite anæmic the muscular system was fairly developed. As she stood, the right limb bore the weight while the left was slightly flexed at the knee, the foot being everted; was able to walk a short distance in the room, yet the lameness was very marked. On examination the heart and lungs were found to be normal. Firm pressure over the trochanter in the line of the axis of the neck of the bone caused acute pain, which was referred to the inner side of the thigh and knee. Percussion of the flexed knee in the axis of the femur did not produce pain. There was no tenderness on firm pressure in the groin, or in the iliac region, or in the ilio-costal space. There was no infiltration or swelling in any of the localities just enumerated. The nates on

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the left side were broadened, though there was no infiltration here. The superficial inguinal ganglia were slightly enlarged on both sides. The thigh could not be extended beyond 150° without tilting the pelvis; it could be flexed to 90°, though she complained of pain in the groin when forced beyond this angle. Abduction and adduction could be made over one-half the normal arcs. Pulse 160, rectal temperature 101½°F.

A blister was applied over the gluteal region the night of her admission, and cod-liver oil and iron mixture were administered.

September 28, most decided relief since admission. She is now free from pain and walks quite easily, only a slight halt being perceptible. No tenderness in or about the joint. Another blister was applied on the evening of the 30th, and on October 17, it is recorded that she has grown comparatively stout and walks without an appreciable limp. The only change observed in the nates, is that the supratrochanteric dimple is a little shallower than that on the right side. The limbs are equal in size, movements at joint perfect and painless. Pressure over trochanter in the direction of the joint gives no pain; concussion gives none. Cure is complete.

October 24, submitted to a thorough examination, and the supratrochanteric dimple is found normal—no sign or symptom of disease. Discharged this date, and the parents promise to report on the first sign of any relapse. At the present writing—March 12, 1881—she has not returned.

CASE II.—Lewis K., aged 12 years, was admitted to the hospital October 3d, 1879. He came from a country town in Westchester county and was a well-developed, muscular-looking lad. There is a history of phthisis on both sides of the house and the father now is reported to be suffering from sciatica. With the exception of a slight attack of what was regarded as malarial fever two years since, the boy himself has been in excellent health until one month ago when he was seized with pain on the inner side of his right thigh. He had been in bathing quite frequently during the latter part of the Summer, three or four times a day, and it was to exposure or fatigue that his pain was attributed. He was able to walk around the first day although he was decidedly lame. On the third day he took to bed, so tender had the parts in and about the hip become. There was considerable febrile disturbance,

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without constipation, and morphia had to be administered every night to allay the pain. The hip and the knee alternately have been the seat of pain, and the limb has been with difficulty moved at all. Recently he has suffered most in the distribution of that branch of the obturator which supplies the knee. He held the thigh acutely flexed while lying in bed. He was taken from his bed this morning and brought into the hospital. Is able to stand, although the weight is on the left limb, while the right is a little advanced, the foot being everted. He remarked that this is the first time he has been able to set his foot squarely on the floor since the beginning of his illness. As he attempts to turn he does so by means of the left foot. Can walk only when well supported on each side. He is a well developed lad, with a face that is indicative of great suffering. It is a painful expression he has. Thorax and spinal column are examined with negative results. There is much width to the nates on right side; the fold is obliterated; no tenderness over sacro-iliac junction and none elicited on crowding the alæ of the pelvis together. No infiltration in the groin or in the nates; no tenderness here on handling the parts. The superficial inguinal glands are a little enlarged. Light pressure in groin or over trochanter gives rise to no pain; no pain on pressure along the shaft of femur. If firm pressure be made over the trochanter in the line of the neck of the bone, he winces quite markedly and refers the pain to the outer aspect of the thigh and about the knee. Concussion of joint gives rise to much pain. No dullness or tenderness in either the iliac fossa or ilio-costal space. The limbs are equal in size with the exception of the upper thirds, where the right is an inch larger than the left. This may be due to the influence of two fly-blisters on the inner side of the thigh, cicatrices of which now remain. These were applied by order of the physician at his home. He cannot be induced to flex the thigh beyond 135°, nor will he permit extension beyond 160°. Abduction and adduction and rotation are quite impossible, so marked is the reflex muscular action when these movements are attempted. The rectal temperature is 102½° F.

We have no hesitancy in making a diagnosis of acute synovitis of the hip, and this evening a large fly-blister is applied over the trochanteric region.

October 5th, two days after admission, he is walking with-

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out support and the improvement is at least fifty per cent. The blistered surface is being poulticed every six hours.

October 15th.—This surface has healed and the contour of the nates is nearly restored. He walks with much facility, limping very little. No joint tenderness can be elicited. It is deemed expedient, however, to follow up the blistering and another is applied this evening in the same region.

November 3.—This last blistered surface has been a long time healing, and there remain now many superficial ulcers in the site of the blister. For the past few days he has been walking with a mere trace of a limp, yet he has had no pain until last night, when by accident another patient ran against him, striking the gluteal region with the wheel of a rolling chair with considerable force, so that he is very lame this morning, and the soft parts, the inguinal glands especially, are infiltrated to a great extent. No joint tenderness can be found, however, by the different tests, and the pain and tenderness are proven to be periarticular. It would seem then that the contusion has simply aggravated the periarthritic infiltration resulting from the second vesication without injuring the joint. He is put to bed for a few days and poultices are renewed.

December 13.—The ulcers have been most obstinate and the periarthritis of our own making has given us more trouble many fold, than did the synovitis after his admission to the hospital. They (the ulcers) have finally a scab over each. A few days ago the boy was submitted to a thorough examination regarding joint functions, and these were found perfectly restored.

January 12, 1880.—Discharged this date cured. There are no signs of any disease, nor any remains of disease, with the exception of the roughened skin at site of blister. His general health is excellent.

October 31, 1880.—The father writes me, in response to a letter of inquiry, that there has been no sign of any relapse, and that he is still free from lameness and pain.

The following case I did not have under personal observation. I find it recorded in the hospital case book for 1870 as one of "morbus coxarius." The symptoms and course lead me to regard it as one of primary synovitis. At any rate I shall place it on record as such, although I have to regret the lack of necessary fulness of detail.

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CASE III.—H. F., female, aged 6 years, was admitted to hospital September 2nd, 1870. The history is that the mother's family was consumptive, but that this child had been in perfect health up to the second week in August—two weeks ago—when, without any known cause, unless it be a fall she is is supposed to have had three weeks before the first symptoms, she began to limp and to complain of pain in the right knee and hip. She soon became quite helpless and suffered excessively at night. The appetite failed and she lost flesh rapidly. Her exact condition on admission is not recorded, but it is recorded that a fly-blister was applied, and that on the 7th, four days later, she was comfortable. On the 8th, she is reported as resting well nights, and on the 12th, "very little pain."

September 13th, it is stated that she "came in totally unable to walk, but can now walk even without the aid of a chair; right leg semi-flexed and everted on standing; right hip broadened, fold of nates much lowered; very little tenderness either behind trochanter or in groin, but considerable tenderness on concussion of hip through trochanter; limbs equal in length."

September 29th. Is walking with a very slight limp.

October 13th. No tenderness anywhere; is walking without lameness, and is growing fat.

November 14th. No tenderness on pressure over, on flexion or concussion of the joint. She was under observation until the 20th of the following March, and no signs of any disease in or about the hip manifested themselves.

I saw her November 2nd, 1880, nearly *ten years* later, and could find no evidence, so far as physical signs went, that she had ever had any disease. During all this period she had been free from pain, tenderness and lameness.

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## IX. CASE OF FRACTURE OF TWO RIBS OF THE RIGHT SIDE—PERFORATION OF THE LUNG WITH EMPHYSEMA OF THE CHEST—COLLES' FRACTURE OF THE RIGHT FOREARM—PERFECT RECOVERY.

BY JOSHUA B. GRAVES, M. D., of Corning, N. Y.

August 12, 1870, I was called in the night to see the child of a Mr. Stephens, four miles down the river from Corning.

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The patient was a little girl about six years of age, a healthy, robust, fat child.

Mr. Stephens was in the field, some distance from the house, ploughing with a span of horses. The little girl came to the field to see her father. He had unharnessed his team, and was about to return to his residence when the little girl reached him. He turned one of the horses loose, mounted the other, taking the little girl in his arms. He had upon his horse only a neck halter with which to guide it.

Soon after starting, the loose horse ran past him, kicking up its heels in a playful manner. The horse upon which he was riding began also to play, and ran, kicking up his heels. As they reached the gate, through which they had to pass to reach the house, the horse stopped suddenly, throwing Mr. S., and the child upon a large pine stump that stood near the gate. The child was held firmly in the arms of the father so that she did not strike the stump, but he crushed her in his arms, breaking two of her ribs.

The third and fourth ribs were fractured in the middle.

The middle lobe of the right lung was wounded, so that at every inspiration, air passed through into the cavity of the chest.

The child was laboring under great difficulty of breathing. Pulse very rapid and fever severe when I first saw her.

The radius of the right arm was fractured one inch and a half (38 mm.) from its lower extremity, the ulna was dislocated at its lower extremity, backwards. I reduced the dislocation of the ulna, and adjusted the fracture of the radius; applied bandage loosely and splints to the arm. The ribs were not much out of place. A little manipulation of the chest and the application of a broad bandage firmly around the chest, kept them in place; administered morphine and aconite in small doses, every two hours.

August 13th. Rested well the remainder of the night. Not so much fever as yesterday; does not complain of the arm much, though there is some heat in it; ordered it kept wet with cold water.

The emphysema of the chest increasing and extending up the neck; the respiratory murmur heard very distinctly through both lungs; could distinctly hear the air pass through the wound of the lung at every inspiration; treatment continued, with a dose of castor-oil added.

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August 14th. Patient about the same; bowels moved by the oil. The emphysema extended to the whole of the chest on the right side, and some on the left, and up on the neck and face; skin moist; a little nausea of the stomach; discontinued the aconite, and gave small doses of morphine every four hours.

August 15th. Child rested well last night; emphysema extending; other symptoms about the same; the heat in the arm gone; discontinued cold water; applied a compress over the point of fracture of the ribs, and a bandage over that.

August 16th. Emphysema not much extended; the breathing labored; cough incessant; removed the compress and applied the bandage over the chest sufficiently tight to control the ribs; pain and swelling disappearing from the arm; continued the morphine and gave a cathartic of castor-oil.

August 17th. The febrile symptoms very much diminished; emphysema much increased, covers the entire chest and abdomen, neck and face; treatment continued.

August 18th. Emphysema less; lungs fill well, and less air escapes into the chest.

The patient continued to improve from day to day, breathing more natural and less air escaping from the lungs; emphysema diminishing daily until the 26th, when she was so far recovered that I discontinued my visits; the respiratory murmur distinct and normal through both lungs; no air escaped through the wound in the lung.

The dressing on the arm was retained, though the inflammation had subsided; the motions of the forearm perfect. I saw her a few weeks since; she is in perfect health.

The inflammation in this case was very severe for a few days, but yielded very readily under the influence of morphine and aconite.

Her father informs me that she has not had a sick day since. The fracture has united, and the movements of the forearm and wrist are perfect. I could not find, upon a careful examination of the lung, any traces of the injury.

It is evident that in this case there were no blood-vessels injured, and it is also seen that we should not, in such cases, attempt to prevent the escape of air from the chest into the cellular substance. The compress that I applied upon the chest over the fracture, did injury, and came very near pro-

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ducing a collapse of the lung. It also shows that a lung thus wounded may take on the healing process, closing the aperture in the lung, and thus save the organ entire.

It also shows the importance of detecting the dislocation of the lower end of the ulna and replacing the bone if we would preserve the movements of the fore-arm.

I have seen some cases, where surgeons have overlooked the dislocation in similar injuries. They brought the fractured portions of the radius into apposition, and left the ulna out, thus almost destroying the usefulness of the hand. Dr. Moore of Rochester has published in the Transactions of this Society for 1870 a very fine description of the manner in which the ulna may be put in place and retained there. There are more deformities resulting from this injury than from almost any other with which I am acquainted, and yet with proper care they may be entirely avoided. The peculiar anatomical structure of that articulation must be carefully studied and well understood, if we would succeed in its reduction.

Dr. Gross informs us that in the treatment of fractures of the ribs, where the lung has been perforated and is followed by emphysema of the chest, that the emphysema is of no consequence. In the treatment of this case I take it to be true, but *why* it is true, I propose now to enquire.

A considerable portion of the oxygen gas acquired in the lungs, and of the carbonic-acid gas generated in the capillaries of the system, is at all times mingled with the blood in the disengaged gaseous state. The blood contains as much as half its own volume of free gas. In 100 cubic centimeters of blood there are 50 cubic centimeters of gas, of which one-third is oxygen on its way to the structural penetralia of the frame to perform there its office of resolution and reduction of complex principles, and two-thirds are carbonic acid gas on its way from these penetralia, where it has been generated by the resolving power of oxygen, to the pulmonary and other outlets, whence it is discharged at once, not only from the blood, but also from the body.

About one-tenth of the free gas in the blood is nitrogen, an element whose presence is less understood.

The air in cellular tissue which constitutes the emphysema, of which we have been speaking, is carried into the circula-

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tion in the same or similar manner that morphine is, when introduced by hypodermic injection. It is thus mingled with the circulation, and consequently does no harm, and it is not necessary to puncture the skin and endeavor to remove the air in this manner. It also shows us the fallacy of the doctrine, that, in opening an abscess, it must be done by making a valvular incision, so as to prevent air from entering. Air thus admitted can do no harm, and I can conceive of instances where it may do good. I think I have seen cases where the introduction of air into an abscess has entirely changed the secretion and inaugurated the healing process, and I prefer it to wine or iodine, or any of the common injections recommended in such cases. I now recall a case of ovarian tumor that was tapped and a large quantity of albuminous fluid discharged. A gutta-percha tube was inserted so as to permit the free access of air to the sac, which soon began to secrete pus and finally was entirely obliterated. The woman was afterwards twice confined, each time giving birth to a healthy living child.

Air in the cellular tissue is a very different thing from the introduction of air into the large veins in surgical operations. I remember, when a medical student, my preceptor, the late Dr. March, removed a large tumor from the neck of a patient. After the dissection was nearly finished, he rolled the tumor, and thereby raised a large vein which had been opened in the operation. As he raised the tumor the aperture in the vein was opened so that air rushed in and passed to the heart, the patient dying before he could complete the operation. In the case before us we have a very different thing. The air in the cellular tissue percolates through the walls of the capillaries, and is thus united with the current of the blood, probably in the same manner that air is introduced by the lungs, consequently does no harm. It is said to be absorbed, and all absorption must of necessity be in this manner. Hence, let me say that the doctrine of the absorption of pus is not well founded.

Pus never does thus pass into the circulation and never can. A portion of the ingredients of which the pus is composed, may and probably does pass into the circulation, and is therefore eliminated, but not as pus.

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## X. NASAL STENOSIS, ITS INFLUENCE ON OLFACTION, AUDITION, VOCALIZATION AND RESPIRATION, AND ITS TREATMENT.

BY J. O. ROE, M. D., Rochester, N. Y., Fellow of the American Laryngological Association, etc.

The office of the nose in the animal economy is a very important one.

Besides being a part of the mechanism of facial expression, it performs four very important functions: 1st, it contains within its cavities one of the organs of special sense, that of olfaction; 2d, it affords access of air or ventilation to the middle ear, or tympanum, through the nasal passages and Eustachian tube; 3d, it enters as a prominent factor into the mechanism of vocalization; 4th, it is a very important portion of the respiratory apparatus in affording protection to the organs below.

For the proper performance of any or all of these functions the essential and indispensable condition is a clear and unobstructed passage through both the nasal openings.

*Obstructions* of the nasal passages may be divided into three principal classes: 1st, those arising from defective growth or deformity of the cartilaginous and bony framework; 2d, those existing in the soft parts, resulting from hypertrophic or other diseased conditions; 3d, those caused by foreign bodies and neoplastic growths.

1. *Obstructions in the hard parts.*—In studying the development of the nose as compared with the growth of other parts and organs, we find that it takes place much more slowly, and that the size of the nasal cavities in children is much smaller relatively than in adults.

The antra of Highmore, which are the first of the sinuses to appear, begin to be formed about the fourth month of fœtal life, and at birth are very small, round cavities, but as development takes place they become large, irregular and pyramidal.

The frontal sinuses and ethmoidal cells do not begin to form until two years later.

At birth the vertical plate of the ethmoid is cartilaginous, but the vomer is already ossified. The cribriform plate is a mere membrane continuous with the falx cerebri of the dura mater, and attached behind to the partially ossified body of the sphenoid.[1]

[1] Watson: Diseases of the Nose, p. 22.

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It is this late development of the central portion of the face and skull, and more particularly of the frontal eminences and sinuses, that gives a flattened appearance to the nose of the infant.

As a result of this tardy growth many errors of development take place.

To those heretofore recognized, viz., hare-lip, cleft palate, cervical fistulæ, and dermoid tumor, Dr. Harrison Allen, of Philadelphia, adds another, the asymmetrical rate of growth between the visceral arches, which prevents the perfect shaping of the oral and nasal cavities.[2] Thus, when one arch has not grown as actively as the other, the nasal chamber on the same side will be found narrowed and obstructed, and the septum deflected to that side, while the opposite chamber will be large and capacious.

In these cases of congenital deformity of the oral and nasal cavities the teeth will also be found irregular, the permanent incisors overlapping and convergent, the two halves of the upper dental arch more or less V-shaped, the vault of the mouth high and narrow, and the nose very peculiarly prominent and projecting.

This projecting appearance of the nose is due to two causes: 1st, a retarded growth of the perpendicular plate of the ethmoid; 2d, a high-pitched and narrow, hard palate. This prevents the vomer from growing downward, and not being able to grow backward, it is crowded forward, thus producing the projecting and often unsightly nose. In addition to these errors in developmental force, we have another force operating on these delicate and yielding parts, when the nasal passages become occluded. It is the suction caused by deglutition and the repeated attempts at inspiration through the nose, which tend to produce a partial vacuum in the nasal chambers, thereby preventing them and the frontal eminences from expanding, and causing the antra to remain small and undeveloped.

Deviation of the septum from the normal median line is a frequent cause of nasal obstruction. The frequency of its occurrence has been shown by Dr. Allen[3] in his study of fifty-eight adult crania preserved in the Wister and Horner Museum. Of these only eighteen exhibited normal nasal chambers;

[2] Philadelphia Medical Times, December 6, 1879, p. 120.

[3] American Journal of Medical Science, January, 1880, p. 70.

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in the remaining forty, nineteen were found in which the curvature was so great as to be in contact with the superior and middle turbinated bones. In forty-nine skulls examined by Semeleder, the septum was straight in ten of them, bent toward the left in twenty, toward the right in fifteen, and in four it was in the shape of an S.

Usually, the deflection is in the anterior portion of the septum, although there may be as many as three distinct curves, thus forming in shape a letter S, and thereby occluding both nostrils.

I have recently had under treatment a child four years old, having a severe catarrhal trouble and incipient deafness. In this case the septum had three distinct curves, closing both nostrils. This was congenital, and the nostrils had been impervious to air since birth.

In children with deformed nasal septa the external contour of the nose is usually straight, but, as the child develops, the growth of the septum turns the nose to one side, narrowing or nearly closing one or both nostrils. This is also the case with the cartilaginous portion, whether from congenital deformity or accidental displacement of the cartilage, which has been allowed to go uncorrected.

Deflection or deformity of the nose is often produced by the common practice of pressing more firmly on one side than the other in the act of blowing, in order to force out a profuse or tenacious secretion from the other side.

Beclard explains it by the habit of wiping the nose with the right hand, as it is most often turned to that side, while in left-handed people it is turned to the left side. I have seen several cases in which the septum was deflected to such a degree from this cause as to greatly narrow the calibre of the nostrils.

In other bony structures of the nasal fossa we meet with deformities diminishing its calibre.

Not unfrequently one or more of the turbinated bones are very large, and projecting across to the vomer, occluding or greatly narrowing the nostril; and, as has been observed by Lennox Browne, the nostril may also be occluded by angular curvature forward of the upper cervical vertebra.[4]

II. *Obstruction by the soft parts.*—The form of nasal ob-

[4] British Medical Journal, August 24, 1878, p. 282.

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struction which is most frequently found in the soft parts is a hypertrophied or turgescent condition of the tissues covering the inferior and middle turbinated bones and the lower half of the septum. The cause for this is in the histological structures of the tissues of this region.

Each nasal passage is divided anatomically into three distinct regions, viz.: the *vestibule*, the *respiratory region*, and the *olfactory region*.

The vestibule, the anterior portion of the nasal cavity, contains but little loose cellular tissue, but few blood-vessels, and accordingly it is rare that an obstruction occurs in the soft parts of this region, except from membranous occlusion. The olfactory region is located in the superior portion of the passage, and extends downward to the upper border of the middle turbinated bone, and to a corresponding extent on the septum, where the olfactory nerve is supposed to terminate. The respiratory passage is that portion of the cavity below this point, and is a continuation of the respiratory tract.

The tissues of these two regions differ greatly in character and thickness. The mucous membrane covering the superior portion is scantily supplied with blood-vessels, and is quite thin, except where the olfactory nerve is distributed. Here the membrane is thick, soft, and pulpy, and contains numerous glands of Bowman, which are peculiar to this region.

In the respiratory portion the mucous membrane and submucous tissue is thick and vascular and contains numerous mucous glands. In addition to the numerous venous plexuses, which are here found very abundant, particularly over the posterior portion of the turbinated bones and the septum, there exists a true erectile tissue analogous to the cavernous tissue of the penis. The analogy of this tissue in the nares to the erectile tissue of the genital organs was observed by Kohlrausch [5] twenty-seven years ago. Afterward, Kölliker [6] observed the same similarity; but to Prof. Bigelow, of Boston, is due the honor of demonstrating the identity of these tissues, and pointing out the connection of this erectile tissue in the nose with nasal disease. To this he gave the name of "turbinated corpora cavernosa," [7] microscopic sections of which are shown in Figs. 1 and 2.

5 Müller's Archives, 1853, p. 149.

6 Handbuch der Gewebelehre des Menschen, p. 741. Leipzig, 1867.

7 Boston Medical and Surgical Journal, April 29, 1875.

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A study of this tissue, in connection with frequent colds in the head, discloses the key to the great prevalence of obstructed nostrils from hypertrophied tissue, and also of nasal catarrh.

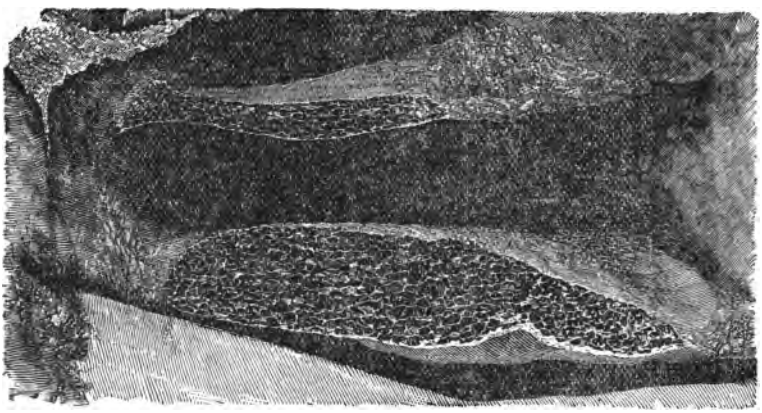

FIG. 1.—Portion of upper jaw, showing inferior and middle turbinated bones, sections of turbinated corpora cavernosa, inflated, dried, and magnified two diameters (after Bigelow).

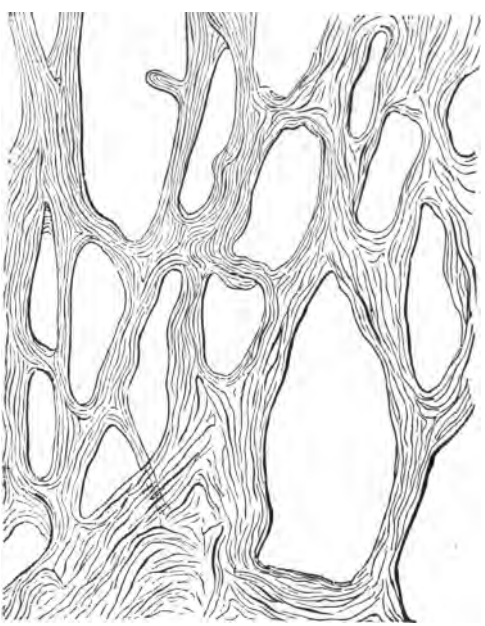

FIG. 2.—Section of posterior extremity of a turbinated corpus cavernosum, hardened in alcohol, treated with iodine and glycerine, and magnified ninety diameters, showing cavities, walls and trabeculæ (after Bigelow.)



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The rarity of the recognition of this cause leads Professor Bigelow to remark that "it will be perhaps conceded that practitioners are not generally familiar with this anatomy, of which they will readily make a practical application."[8]

It is the engorgement of this tissue which causes the sudden impaction of the nose in attacks of acute coryza or on exposure to irritants, and not simply engorgement of the vascular mucous membrane, as is so commonly supposed. The effect which prolonged engorgement of this cavernous tissue will produce in the surrounding parts is illustrated by the case cited by Dr. Bumstead of an attack of urethritis, which was brought on by an excitement of one day's duration.[9] Thus, as a result of each cold or engorgement, from whatever cause, there is more or less proliferation and exudation of plastic material into the surrounding tissues, which, becoming organ-

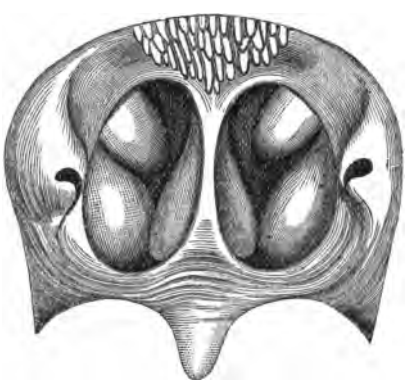

Fig. 3.—Represents the posterior or rhinoscopic appearance of the inferior and middle turbinated bones and the septum, showing the hypertrophied tissue.

ized, leads to permanent hypertrophy. The accompanying illustrations represent this hypertrophy, not to an extreme degree, but, as we more commonly find it, as taken from one of a number of similar cases in the practice of the writer.

We can readily understand from the nature of this tissue, being as it is under the control of the vasomotor nerves, subject and very sensitive to emotional influence from various external impressions, how it is that the nostrils will become so suddenly closed from slight exposure to local irritating causes,

8 Op. cit, p. 492.

9 Venereal Diseases, p. 44. 1879.

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as dust, acrid vapors, and the like; or from peripheral reflex causes; as sitting in a slight draught, or sudden exposure to cold chilling the surface of the body; or from cold hands or feet. Turgidity of this tissue is often caused by emotions. The emotional effect of a blush is also participated in by the other parts as well as by the cheek.

It is often observed that in conditions of apparently slight cold one nostril may be closed when soon there will be an interchange to the opposite nostril, the first nostril becoming free. This is undoubtedly due to the functional activity of the coats of the vessels. When the nostril becomes closed the

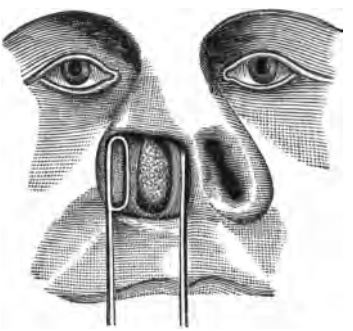

FIG. 4.—Represents the anterior appearance of the hypertrophy on the inferior turbinated bone.

local irritant is excluded and the engorgement soon subsides. Cold air is a common cause of these turgescences. The first effect of it, or of any slight irritant or stimulant, will often be to unload the tissues, but soon the vessels will dilate and increase the obstruction beyond its previous condition.

*Etiology.*—Hypertrophy of the nasal mucous membrane can invariably be traced to a catarrhal origin. In many cases it is supposed to be due to a catarrhal, strumous, tuberculous, rachitic, or gouty diathesis, which, to my mind, are only so many terms to indicate different and peculiar manifestations of a broken-down, anæmic, or impoverished condition of the system, in consequence of which the circulation is sluggish and the vitality is low, and, not being able to resist the sudden changes to which they are subjected, the parts most exposed become engorged and impairment or disorganization takes place.

Thus, if catarrh is seen affecting persons in otherwise robust

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health, it is considered a purely local disease. If it is seen in the same individual when the system has become impaired and lymphatics involved, it is considered to be of strumous or scrofulous origin. If it is also seen in the same individual when tuberculosis has followed, it is then considered to be of tuberculous origin. Those cases with marked tendency to engorgement of the lymphatics are very often associated with adenoid hypertrophies in the vault of the pharynx, and in tuberculous patients there is often caseous degeneration and ulceration, sometimes ending in suppuration.

Catarrh is often thought to be hereditary, because the person's ancestors have been troubled with it; but, as I see it, they inherit a physical organism of low vitality and favorable to the development of this class of diseases. Catarrh, therefore, is the prime and great cause of these hypertrophies, and the consequent narrowing or closing of the nasal passages; and catarrh is the result almost invariably of neglected colds, which are allowed to run their course unchecked. From each cold results a slight augmentation of the hypertrophy, until sufficient has taken place to become in turn a cause for further and continued trouble.

In addition to obstruction and atresia of the nasal passages by hypertrophied tissue or by a congenital osseous deformity, a variety of other pathological processes may produce this condition—such as syphilitic ulcerations and cicatricial contractions, polypi and other tumors, and neuroses.

*Functions depending on unobstructed nasal passages.*—We will now briefly consider the functions depending on normally free and unobstructed nasal passages, viz.: *Olfaction*, *audition*, *vocalization*, and *respiration*, and the manner in which these become impaired or deranged by the narrowing or closing of these passages.

*Olfaction.*—In the perfect performance of the olfactory function there is a free and complete interchange of the air in the nasal cavities during each respiration, by which means the odoriferous particles are brought in contact with the terminal fibres of the olfactory nerve.

To fully perceive a very delicate odor we instinctively snuff or draw the air forcibly through the passages to carry the odorous particles with full force and in greater quantities up into the olfactory region; consequently, if the free circulation of

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air through the nose is obstructed or cut off altogether, the sense of smell becomes correspondingly impaired. In many instances, however, the impairment of the sense of smell is not proportionate to the degree of respiratory obstruction. This is owing to the greater frequency of obstruction of the lower than of the upper passage, by the vascular tissue.

The sense of smell is also impaired by the extension of the disease in the respiratory passage by continuity of tissue, to the tissue of the olfactory region, involving the free ends of the olfactory cells, or covering them with mucus, which intercepts the odorous particles. Thus the sense of smell is affected by any obstruction of the circulation of air through the nasal passages. This is equally true whether the obstruction is located anteriorly or posteriorly, or at the region of olfaction.

*Effect on the voice.*—The tortuous nasal passages have the effect on the voice to increase its resonance, or to reënforce it, as it is termed—an effect similar to that of the sounding-board in the piano, or, to use a better illustration, of the long and curved pipe in the horn or cornet.

In addition to the nasal cavities we have six sinuses—two maxillary, two frontal, and two sphenoidal—which communicate with the nasal cavities and also act as resonators to the voice.

These are evidently somewhat analagous in their effect to the reverberations produced by the fossæ found in the os hyoides in howling monkeys.[10]

Obstruction of the nasal passage has a marked effect on the acoustic properties of the voice.

It is a very common observation in case of attacks of acute nasal catarrh, or coryza, where the nasal passages are blocked by the swollen pituitary membrane, that the voice loses its timbre or resonant qualities, and, in common parlance, we "speak through the nose;" a term, however, which expresses a condition directly opposite to the one that in reality exists. The peculiar thickness in the articulation, and indistinctness of enunciation, or so-called stagnation[11] of the tone, caused by partially obstructed nostrils, is most marked in pronouncing words ending in "ing," when the nasal ending is cut off. This defective enunciation and unpleasant

10 Watson: Diseases of the Nose, p. 19. London, 1875.

11 Merkel; Stimm-u. Sprachorgan, S. 652.



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nasal twang is to be observed in many public speakers, and is made painfully apparent to their listeners by the absence of euphony from their most rounded and polished sentences.

In cases of complete obstruction, the letters "m" and "n" become perverted into "b" and "d," as was first pointed out by Meyer[12] to be the case in obstruction from adenoid growths. The manner in which this substitution takes place is very clearly explained by Löwenberg.[13] In obstructed nares, much of the melody, richness, and fulness of the singing voice is lost. The highest, the head-tones, and usually the richest tones of the voice, are absent, and accordingly the voice becomes flat and nasal.

*Effect on the ear.*—Toynbee first demonstrated by a series of experiments the altered condition of atmospheric pressure in the fauces and ears when swallowing with closed nostrils.

Lucae repeated these experiments, and also observed that, with obstructed nostrils, these changes in atmospheric pressure produced abnormal tension of the membrana tympani, which gradually produced indistinctness in hearing.[14]

Let us briefly consider the manner in which these changes are produced. With the completion of the first stage, and during the second stage, in the act of swallowing, the nasal passages and the upper pharyngeal space are almost completely shut off from the pharynx by the soft palate being closed firmly against the posterior pharyngeal wall.

In the third stage of this act, the pharyngeal constrictors close by reflex action on the substance swallowed, and force it onward in its course to the stomach, and at the same time air is exhausted from the naso-pharyngeal space and middle ear, by the suction naturally following the descent of the bolus. This tendency to produce a partial vacuum is prevented by air entering freely through the nasal passages, and the normal air-pressure in the posterior nares and middle ear is maintained.

12 Medico-chirurgical Transactions, vol. liii., p. 191. London, 1870.

13 Les Tumeurs Adénoïdes du Pharynx Nasal, p. 26. Paris, 1879. Or, vide the writer's article, Adenoid Growths in the Vault of the Pharynx: their removal by the Galvano-Cautery. New York Medical Record, September, 1879, p. 245.

14 Verhandlg. de Berliner med. Ges., 1867–68, S. 133; Ziemssen's Cyclopædia, vol. iv., p. 111.

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If the anterior nasal passages become closed, it is readily perceived that, during each act of swallowing, a corresponding degree of disturbance in air-pressure will take place in the nasal cavity, and in the ear also, because of the direct communication through the Eustachian tube.

This aural pressure one can very easily illustrate on himself by closing the nostrils while swallowing, when a marked sensation of pressure will be felt in both ears, supposing the Eustachian tubes to be unobstructed, and with the aural speculum this movement inward of the drum-head can readily be seen.

I have found it to be a rule that when the nostrils are not free enough to permit one to breathe entirely through them, even during a brisk walk, they are not sufficiently free to maintain the aural equilibrium during continued acts of swallowing. It is an undoubted fact that, even in a state of repose, air continually permeates the Eustachian tubes,[15] and that more or less of the aërial[16] conduction of the sounds of the voice in autophony is through the Eustachian tubes.

Were this not the case, and did air enter the ears only during the act of deglutition, as stated by most authorities, an uncomfortable aural pressure and a slight impairment of the hearing would not take place almost immediately upon the stoppage of the Eustachian tubes by a plug of mucus, or from any other cause, whereas one may remain for hours, awake or asleep, without swallowing, and yet the ears and hearing remain perfectly normal.

Thus we see that a continually free communication of the external air with the middle ear is necessary to perfect hearing, and as the air cannot be supplied to the tympanic cavity by any other route than through the nasal passages and Eustachian tubes, so the aural pressure is lessened in proportion to the degree of nasal obstruction.

If the obstruction is great, aural changes take place rapidly; if it is only slight, they go on more slowly, sometimes imperceptibly, and sooner or later the most serious functional and structural changes take place.

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15 This view is quite elaborately advocated in an article on "The Method of Air-Supply to the Middle Ear," by Dr. Thomas F. Rumbold, St. Louis Medical and Surgical Journal, July 20, 1880.

16 "Hearing by the aid of Tissue-Conduction, the Mouth-Trumpet, and the Audiphone," by Samuel Sexton, M. D., American Journal of Othology, April, 1880.

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The continuous external pressure increases the concavity, and causes a rigidity of the membrana tympani.

From this results an inactivity of the ossicular chain, and from this inactivity the delicate articulations become stiffened, impacted, and finally immovable. Besides, the tensor tympani muscle and ligaments become relaxed and ultimately rigid from disuse, so that, as remarks Cassells,[17] "were it possible, which it seldom is, to remove the other consequences of altered tension, this contracted tendon and ligament mars the best efforts of the practitioner to effect an improvement."

The characteristic symptoms are gradually increasing deafness, giddiness, distressing tinnitus, which diminish or altogether pass away as the deafness deepens.

If this condition is still allowed to go unrelieved, another and sometimes more serious set of changes supervene. In consequence of the catarrh and thickening of the mucous membrane of the naso-pharynx, the Eustachian tubes become invaded; and concentrically closed, 1st, by the collapse of their flaccid walls by the suction or negative pressure; 2d, by the catarrh and thickening of the mucous membrane of the naso-pharynx invariably attending nasal stenosis.

The air thus shut up in the tympanic cavities is speedily disposed of, and, as a result of the diminished pressure, engorgement of the lining membrane of the cavity follows, and free serous transudation takes place sufficiently to fill the tympanum, and from the pressure of the imprisoned fluid the membrana tympani gives way, and an otorrhœa is established. Thus, when "unrelieved by art, nature attempts, although in a rude way, to perform a natural cure," by establishing an opening to the middle ear.

*Effect of nasal stenosis on the organs of vocalization and respiration.*—An office of most vital importance which the nasal passages perform is the protection which they give to the throat and lungs in the modification of the air we breathe, rendering it suitable for respiration.

The evil consequences of mouth-breathing are scarcely appreciated by those who have not studied or stopped to consider its effects.

Occasional allusion has been made to the subject by medical

[17] In a masterly article, with the striking title, "Shut Your Mouth and Save Your Life." J. P. Cassells, Edinburgh Medical Journal, February, 1877, p. 740.

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writers, but the first to draw definite attention to the serious results of mouth-breathing was George Catlin, the famous American traveller, whose accuracy of observation on this subject, for a non-medical man, was quite remarkable. Catlin observed the practice of mouth-breathing to be "the most destructive of all habits," and applied to it the classical but significant name of "malo-inferno," and remarked: "If I were to endeavor to bequeath to posterity the most important motto which human language can convey, it should be in three words, *Shut your mouth.*"

The importance of this injunction can scarcely be too forcibly impressed on the minds of all.

The lower animals are nose-breathers, many of them by necessity, as they are not provided with a communication between the mouth and the respiratory passage. This we find to be the case with the solipeds.

That man was intended to be a nose-breather is clearly shown by the fact that the first inspiration of the newly born babe is through the nostrils, and if these passages are closed the child can scarcely breathe at all, even though the mouth be open and unobstructed.

Cases are known of suffocation occurring in infants from closure of the nares alone.

That air enters the nostrils of the infant before it enters the mouth is shown by Cassells by cases in which "air was found in the tympanic cavities of the newly born infant, when no air could be demonstrated to be present in the lung-tissue."[18]

When the nares become closed, it is a long time before we can become accustomed to the perverted process.

Many of the troubles of the pharynx, larynx, and lungs are the direct result of mouth-breathing.

The disease called clergyman's sore throat, common to public speakers and singers, is caused, not by the excessive use of the throat, but by the excessive amount of mouth-breathing commonly indulged in while speaking or singing.

If we will observe a collection of people on a foggy or dusty day, or in a dusty hall, we will at once notice the prevalence of mouth-breathing, and the marked contrast between the quiet, noiseless breathing of the nose-breathers, and the cough-

[18] Op. cit., p. 730.

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ing, sputtering, and spasmodic action of the respiratory muscles of those who are mouth-breathers.

The air is not only freed from dust and foreign substances by passing through the nose, but moisture is imparted to it and its temperature elevated,[19] thus rendering it more uniform and suitable for respiration. When nasal respiration is cut off there is a noticeable diminution in the air-supply to the lungs, which, as Berhart[20] observes, can be readily ascertained by listening to the chest of one who alternately breathes through the mouth and the nose.

Many cases of spasmodic asthma are due directly to polypi and other conditions occluding the nasal passages, as was first pointed out by Voltolini.[21]

*Symptoms.*—The symptoms attending nasal stenosis have been mainly enumerated in detailing the derangements of the various functions which depend on free nasal passages—as inability to breathe through the nose and consequent impairment of the sense of smell, with its accompanying absence of the perception of flavors; deafness; hoarseness, and disturbances in speech; respiratory obstruction; asthma; inability to remove the nasal secretions; a painful dryness and parching of the throat; a sense of fulness and pressure about the nasal and frontal region; often more or less persistent frontal headache; a dull and languid feeling, with indisposition or incapacity for mental effort; weakness of the eyes, which become painful and congested on reading for a short time; a constantly open mouth, giving to the countenance a vacant, silly expression; and a sensation of taking cold on slight unfavorable changes in the weather.

A person who breathes through the mouth almost invariably snores during sleep. He is restless and his sleep broken. "Tired nature's sweet restorer, *balmy* sleep," is seldom known to the mouth-breather.

He is apt to arise with a feeling of lassitude and general malaise, an unpleasant, bad taste in the mouth, and a morning headache.

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19 Milne Edwards: Anatom. et Physiol. Comp., tome ii., p. 266. It has been shown by experiment that the air is raised in temperature 2° higher when respired through the nose than when by the mouth. Goodwillie: Med. Gazette, N. Y., July 31, 1880.

20 Asthma: its Pathology and Treatment, p. 238. London, 1878.

21 Galvano-Kaustic, S. 246, U. 312. 1871.

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A few or many of the above enumerated symptoms may be present in one case at one time, but nasal obstruction is almost invariably attended by all the symptoms of an obstinate and annoying nasal catarrh, and in many cases by offensive breath and serious derangements of the digestive organs. In infants there is also an inability to take the breast and breathe at the same time.

*Diagnosis.*—The objective symptoms are invariably sufficient for a diagnosis.

The two conditions most liable to be confounded on a subjective examination are the hypertrophy of the tissues covering the turbinated bones, polypi, or other tumors, but these can readily be differentiated by the situation and appearance and by exploration with a probe.

*Treatment.*—The treatment of nasal stenosis may be divided into constitutional and local. The local may again be divided into conservative and radical.

The constitutional treatment should be such as to build up the system and remove any constitutional disease or dyscrasia which may be present, and which may have caused or aggravated the local difficulty. Further than this it cannot be of avail.

The conservative local treatment advised for the removal of nasal hypertrophies are such as the use of medicated solutions applied by means of the douche or spray, the use of powders blown or snuffed into the nostrils, medicated soft gelatine bougies, and the like; but as they are those so commonly employed in the treatment of nasal catarrh, and are not often satisfactorily effective, I will not attempt to discuss them here. In some instances, however, where the obstruction consists in the recent tumefaction or infiltration of the soft parts, these measures will prove of service, but in the great majority of instances radical means are the only ones that will prove permanently successful.

The radical treatment consists in speedy and complete removal by surgical or chemical means of the obstruction, whether it results from a deflected septum, a membranous occlusion, hypertrophied tissue, or neoplastic growths.

*Removal of obstructions located in the bony frame-work.*—Hoppe[22] employs for the forcible separation of the abnormally

[22] Ziemssen's Cyclopædia, vol. iv., p. 14.

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approximated bones, a pair of thin long-armed forceps, by the opening of which the bones are driven apart. If the obstruction is due to a deflected septum bent throughout, or nearly throughout its whole length, the most successful operation for correcting it is that proposed by Mr. William Adams,[23] of London, and modified by Dr. Weir, of New York, and which was so ably detailed to this Society by Dr. Weir one year ago.[24]

In other cases, where the obstruction is caused by an abrupt curve or bulging in the septum, the most successful and easiest plan is to excise it by means of a pair of Rupprecht's[25] or Blaudin's[26] punch-forceps.

Where there is an exostosis or a spicula of cartilage or bone projecting from the side of the vomer, a very convenient instrument for its removal is the small double-gouge forceps devised by Dr. Weir.[27] These I have also found very serviceable for removing similar growths from the turbinated bones.

Dr. Goodwillie[28] recommends, and reports excellent results from, the use of a surgical engine for drilling away these exostoses on the turbinated bones and septum by the revolving multiple knife enclosed within a sheath.

Dr. Cohen[29] also reports an interesting case of exostosis from the palatine ridge of the superior maxilla and vomer, occluding the right nostril, which he removed with the burr of the dental engine.

*Removal of obstructions located in the soft parts.*—The most common obstruction is that of hypertrophy of the tissue, and chronic engorgement of the erectile cavernous structure before described.

Among the chemical agents employed are the various caustics, as nitric acid, chromic acid, London and Vienna pastes, nitrate of silver, and glacial acetic acid. The latter has come

23 Watson's Diseases of the Nose, op. cit., p. 305.

24 New York Medical Record, p. 279, March 13, 1880; also Trans. N. Y. State Medical Society, p. 273, 1880.

25 Wien med. Wochenschrift, S. 1157, 1868. Ziemssen's Cyclop., vol. iv., p. 114

26 Dict. Encyclopéd. des Sciences Med. et Chirurg., article Nez.

27 New York Medical Record, op. cit., p. 281.

28 Surg. Treat. of Naso-Pharyng. Catarrh: New York Med. Gazette, July 31, 1880.

29 Philadelphia Med. and Surg. Reporter, p. 30, July 13, 1878.

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quite recently into use, but is the most useful of them all. It is applied with a flat probe wound with cotton. The slight stinging pain which it causes quickly passes away, or can be immediately relieved by a few sniffs of chloroform. It causes but slight irritation or inflammation, not more than a slight stuffiness of the nostril for from twelve to twenty-four hours, after which the cauterized tissue is discharged for two or three days in the form of whitish, membranous shreds, with a corresponding diminution in the secretion and obstruction. The septum, where not to be touched, is protected by introducing Shurley's speculum.

The London and Vienna pastes are made of the proper consistency by mixing with absolute alcohol, and are applied in a similar manner.

Chromic acid is most conveniently applied in a similar manner, by adding just sufficient water to liquefy the crystals, but if it is desired to localize its action to a limited spot, it is best applied in the crystal. Its special advantage is that it causes but very slight pain.

The most deeply eroding escharotic which we have, is nitric acid. The main difficulty has been to limit its action, but with the guarded canula devised by Dr. A. H. Smith, of New York, for applying it, this difficulty is obviated.

Its two main disadvantages are, that a severe burning pain may follow the application for several hours, sometimes for twenty-four hours or more, and a troublesome ulceration, very slow to heal, may result.

After the application of each of these escharotics, the nostrils should be washed out with a spray of Dobell's solution, to remove any free caustic on the surface.

The above enumerated agents will, as a rule, be found most efficient in cases of simple and moderate hypertrophy, but in cases where the membrane is greatly hypertrophied, or where the obstruction consists of a chronic distention of the cavernous vascular tissue, they are inefficient, unless perseveringly applied. In these cases a great number of applications are required, which become tedious to both patient and physician.

Each application of the escharotic only removes a superficial portion, and should be repeated as soon as the slough comes away and the surface is clear, which is ordinarily in about six or eight days. The passages in the interim should

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be kept clear by frequent cleansing with the posterior nasal syringe, or the anterior and post-nasal spray, with Dobell's solution.

In regard to the use of nitrate of silver in the nares, I fully concur with Dr. Bosworth,[30] that owing to its powerfully stimulating qualities, it is often positively injurious, from the increased stimulus it gives to the morbid process; but in the treatment of morbid processes requiring stimulation, it is invaluable.

Gradual dilatation is employed by some, to cause absorption of the hypertrophy.

Hoppe[31] uses hollow bougies as dilators, in narrowing to a moderate degree.

He also recommends the use of pieces of gum-elastic catheter, passed through the nostrils, in cases of coryza of the newborn, in whom breathing during the act of suckling is otherwise impossible.

Dr. Wagner, of New York, employs gradual dilatation with sponge tents, or soft metallic bougies, made of different sizes.

The most radical and efficient plan of treatment for removing these hypertrophic and vascular obstructions to the nasal cavities is the use of the galvano-cautery.

The employment of this most potent agent in such delicate and sensitive passages, would at first thought seem heroic, but the very frequent failures of all other means gradually led to its adoption, as its usefulness had been demonstrated on other parts.

The advantages which it possesses over all other modes of treatment are the thoroughness of its operation, the ease with which it can be applied and controlled, and its action limited, with our improved electrical instruments, and the healthy tissue changes which it stimulates in the immediately surrounding parts.

The priority of the application of it in the treatment of diseases of the nasal passages is claimed by Dr. Thudicum, of London.[32] He began its use in the removal of nasal polypi sixteen years ago.

30 Some of the Unsettled Questions Concerning Nasal Catarrh: New York Medical Record, p. 508, November 6, 1880; or, Diseases of the Throat and Nose, p. 199. 1881.

31 Ziemssen's Cyclopædia, op. cit., p. 144.

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Each operator, as a rule, adopts a different method for arriving at the same result, and accordingly uses the form of instrument best adapted for his method. Thus, Voltolini uses an electrode with a single wire-loop point; Michaels, of Bonn, wire loop écraseur; Thudicum, of London, a wire loop; each of them depending on engaging the mass within the wire.

Lennox Browne, of London, employs a bullet-pointed electrode, and destroys the tissue as it passes in already heated. Drs. Shurley, of Detroit, and Bosworth, of New York, use a slender knife electrode, and remove the mass by cutting through it or by making linear incisions through the tissue, depending on the contracting of the resulting cicatrices to draw the tissues down tightly over the turbinated bone, and leave the opening free.

In case of simple hypertrophy of the superficial tissue, with but moderate narrowing, I use a small flat-blade cautery, as shown in Fig. 5, *b*, which is pressed flatly against the surface until sufficient tissue is destroyed. In case it is desirable to cauterize deeper into the cavernous tissue, I turn the blade edgewise. For this purpose Dr. Bosworth has devised a very convenient blade, with the cauterizing surface on one side only.[33]

FIG. 5.

In cases of excessive hypertrophy I prefer an electrode which I have devised, with a flattened spiral point made quite broad, as shown in Fig. 5, *a*, which is introduced into the nostril heated to a bright red heat, and passed along the end of the turbinated bone, thus destroying the tissue in mass.

This method of removing this tissue in mass from the whole length of the turbinated bone has given me the most satisfactory results, on account of its speedy effect and permanent results; and I have come to consider it in all cases of marked hypertrophy decidedly preferable to the plan of superficial cauterization, or of scarification by linear incision.

For the hypertrophies on the septum, and minor points on other parts, the small electrode should be used.

[32] Polypus and other Morbid Growths in the Nose; their Radical Treatment by the Electro-Caustic Method, and their Connection with Asthma: London Lancet, April 17, 1880, p. 594.

[33] Vide Medical Record, op. cit., p. 510.

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In the application of the galvano-cautery certain precautions should be observed. The vestibule and parts of the nasal passages anterior to the turbinated bones should not be cauterized, as the contraction which follows will tend to constrict the passage. On the turbinated bones it is quite different. They, being convex, the cicatricial contraction draws the tissues down more tightly over them, and leaves the passages more free.

In removing hypertrophies from the septum, care should be taken to touch only the parts to be burned, and then not to burn too deeply.

In those cases in which a rhinoscopic examination enables one to make the diagnosis of the hypertrophy on the septum, with a little dexterity the electrode can be guided by the aid of the rhinoscopic mirror so that the surgeon can see when sufficient tissue has been destroyed.

This is also true of hypertrophies on the posterior ends of the turbinated bones, particularly in those cases in which the posterior pharyngeal space is wide, and the patient has good control over the soft palate.

In cases in which the progress of the cauterization cannot be watched as above suggested, and since it cannot be determined by anterior inspection, when the end of the electrode has reached the posterior ends of the turbinated bones, the depth of the nasal chamber should be accurately measured with a probe and marked on the electrode. From this should be deducted the distance (ordinarily about one inch,) (25 mm.) from the posterior ends of the turbinated bones to the posterior pharyngeal wall, and the result gives the depth to which the electrode should be introduced.

By thus exercising due precaution, the accident of cauterizing the mouth of the Eustachian tube, or other parts not to be touched, can be avoided.

When using the large, spiral point, it is by far the best plan to heat it before introducing, as the length of time required to heat it when in contact with the tissues may elevate the temperature of the air in the nasal fossæ to the detriment of the ear, but the small one heats so quickly that it is best placed in position before the connection is made.

I employ Dawson's battery and Leiter's universal handle, in which the electrodes all fit. The handle contains a current-

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breaker, giving perfect control of the electric stream, thus removing all danger if the manipulations are properly and carefully made.

Dr. Shurley,[34] of Detroit, has devised a very convenient handle for holding the electrodes; also Dr. Bosworth[35] has recently constructed a handle which, although in many respects similar to that of Dr. Shurley, is, I should judge, the

FIG. 6.

most convenient handle of all, although I have not as yet had an opportunity of using it.

The best form of speculum is that of Shurley, which I have modified by widening the outer blade and closing the aperture with an ivory plate, as shown in Fig. 6, so as to more thoroughly protect the outer side of the nasal opening when the heated electrode is introduced.

I have also, a number of short, thin, ivory blades, made of different widths, to correspond with the size of the nose (see Fig. 7). These I introduce at the sides of the speculum, one above and one below, to protect the upper and lower borders of the passage from any possible injury.

FIG. 7.

I have also a very convenient speculum (see Fig. 8) with an ivory slide on one side, to be introduced along the septum to protect it from injury. It is made of ivory or of annealed glass, like Dr. Goodwillie's nasal shield. It is made in three sizes, to correspond with the size of different noses. It also makes a very light and convenient speculum to use in the application of acetic acid or other caustics.

The pain attending the application of the cautery is generally slight, and therefore does not usually require an anæsthetic. A few sniffs of chloroform, to remove the sensitiveness of the nostril, and to prevent sneezing on the introduction of the speculum, is all that is necessary.

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34 The Galvano-Cautery as a Therapeutical Measure in Chronic Nasal and Naso-Pharyngeal Catarrh: The St. Louis Med. and Surg. Journal, January 5, 1880, p. 38.

35 Op. cit.

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In children, an anæsthetic is necessary to keep them quiet, and for them chloroform is preferable. Sometimes, however, from fear, an anæsthetic is necessary in adults; for this reason, in three cases, I have given nitrous oxide gas. The after-effect, for about a week, is to cause one to feel as if he had taken a severe cold, occasionally to feel quite sick, accompanied by a severe headache, but in no case have I had anything but a favorable result.

Dr. Daley,[36] of Pittsburg, reports severe aural complica-

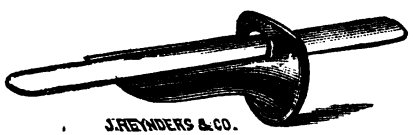


FIG. 8.

tions resulting from the operation, but this may be due to the method employed, *i. e.*, introducing the electrode cold and allowing it to become heated in the posterior pharyngeal space before applying it to the tissue, thus superheating the air in the pharyngeal vault, which, entering the ear, may have caused the difficulty; or the mouth of the Eustachian tube may have been accidentally cauterized.

Other methods are used for the removal of this redundant tissue.

Dr. Goodwillie[37] employs, in some cases, the thermo-cautery, but at the same time remarks that "the galvano-cautery is by far the most efficient cautery to be used in the nose."

Dr. Robinson, of New York,[38] has employed a pair of strong forceps with biting blades, by which this tissue is forcibly torn away, sometimes taking a turbinated bone with it. This, at best, seems a very harsh and unwarrantable procedure, and is attended by profuse hemorrhage. In cases where the hypertrophied tissue is more or less pedunculated, or projects in the form of a rounded mass, it can be very satisfactorily removed by the wire écraseur devised by Dr. Jarvis, of New York.[39]

[36] An Analysis of the Value of the Galvano-Cautery in the Treatment of Diseases and Growths of the Naso-Pharynx: Trans. Am. Med. Assn., 1880, p. 654.

[37] Op. cit.

[38] American Jour. Med. Science, April, 1877, p. 435; also, A Treatise on Nasal Catarrh, p. 114. 1880.

[39] Presented before the Am. Laryng. Assn., June 2, 1880; also, vide Dr. Bosworth's article, New York Medical Record, op. cit., p. 511.

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The application and retention of the wire is facilitated by transfixing the mass with a long, slender needle, and passing the wire over the needle, when the tissue can be slowly cut through. In a number of cases I have found it very efficient, but in cases where the hypertrophy is moderate and distributed over a larger surface, my experience accords with Dr. Shurley's in the use of the snare in the nasal passages, that at each attempt "to learn how difficult it is to apply it." [40]

In hypertrophy on the nasal septum the snare can very seldom be used.

In the removal of other less common obstructions of the nose, such as foreign bodies, polypi, adenoid growths in the vault of the pharynx, syphilitic cicatricial contraction, or membranous occlusion, each must be dealt with according as the exigencies of the case demands.

I will briefly cite from my note-book a few cases by way of illustration, as we meet them in practice—those, however, in which the main treatment was with the galvano-cautery.

CASE I.—Mr. T. J——, of North Rush, thirty-three years of age. Referred to me September 18, 1879, by my late friend, Dr. J. F. Denman, of Scottsville. During the fall of 1877, as the result of a severe cold, his nostrils became closed so he could scarcely breathe through them. This condition continued, and was attended by a profuse muco-purulent discharge. He suffered from a constant dull, heavy pain in the frontal region, was restless at night and his sleep broken. His throat was constantly parched, and he had an unpleasant taste in the mouth, particularly in the morning.

Examination revealed closure of the nostrils from hypertrophy of the tissue covering the inferior and middle turbinated bones.

The hypertrophied tissue was thoroughly destroyed in both nostrils by the galvano-cautery; no febrile symptoms followed. On the third day I removed a large slough from both nostrils. The surfaces soon healed, his nostrils were left free and unobstructed, and all his unpleasant symptoms disappeared.

CASE II.—Mrs. M. C——, aged thirty-seven years. Referred to me by Dr. Farley, October 16, 1879. She had suffered from a severe nasal catarrh and stoppage of the nostrils for five or

[40] Op. cit.

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six years, a sensation of pressure in the nasal region, a frontal headache, and a profuse watery discharge from the nostrils.

On examination, a small polypus was found in each nostril, filling the slight opening between the hypertrophied turbinated bones. The polypi were removed by the snare, after the base of the growths and the hypertrophied tissue was thoroughly destroyed by the electro-cautery. As soon as the slough was removed and the surfaces healed the nostrils became clear, the watery discharge ceased, and she has remained free from catarrhal trouble since.

Case III.—G. C——, aged twenty-seven years, theological student, consulted me April 5, 1880, for obstruction and difficulty in breathing through the nose, which had annoyed him for about ten years, and was attended by all the symptoms of an obstinate nasal catarrh. Had a sensation of pressure about the bridge of the nose and frontal region, eyes weak, unable to use them except for a short time each day; he also complained of inability for mental application. Throat sensitive and tires easily on speaking, his voice has a marked nasal twang, but no hoarseness. He snores loudly at night, and arises in the morning with a headache, dry, parched throat, and a bad taste in the mouth. General health fair.

*Examination.*—Nasal obstruction from hypertrophy of tissues on inferior and middle turbinated bones on both sides. Naso-pharyngeal and laryngeal catarrh.

The treatment first instituted was the thorough removal of the hypertrophied tissue in the nose with the galvano-cautery. After the surfaces had healed and free nasal respiration was established, the pharyngeal and laryngeal trouble yielded readily to treatment, and a complete and permanent relief resulted. His eyes became strong and his head clear.

On meeting him a few days ago, he said he rejoiced to tell me how well and free he was from all his old nasal and throat difficulties.

Case IV.—T. K——, of Buffalo, aged twenty-three years, came under my care July 30, 1880. For two years past has had considerable trouble in the throat, subject to frequent colds, and a severe and almost constant cough, with a slight mucous expectoration.

Has obstructed nostrils and constant discharge from head.

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Is weak and anæmic and losing flesh quite rapidly. His friends are apprehensive of consumption.

*Examination.*—Chronic laryngitis and slight bronchitis. Nares obstructed on right side by an exostosis from inferior turbinated bone; on left side by hypertrophied tissue.

The hypertrophied tissue was removed by the galvano-cautery electrode. The exostosis in the right nostril by a pair of nasal bone forceps. By local applications applied to larynx and inhalations, together with tonics internally, he improved very rapidly, and at the end of two months he had gained in weight thirty pounds (14.6 kilos.).

Nasal respiration is now entirely free. There is no irritation about the throat or lungs, and he is entirely well.

CASE V.—Henry S——, four and a half years old. Was brought to me by his parents for treatment of obstructed nostrils and catarrh. He breathed entirely through the mouth, and had done so since birth; was subject to very frequent colds, which increased the nasal discharge, and he was becoming quite deaf.

*Examination.*—The septum of the nose was very crooked, bent in the shape of an S (as referred to in the early part of this paper), obstructing both nostrils. He also had very large tonsils.

*Treatment.*—First removed both tonsils; after the cut surfaces had healed I anæsthetized the child and fractured the septum by a pair of Adams' forceps, and held the septum in place by means of a pair of ivory plugs until it reunited.

After this the right nostril remained obstructed by some hypertrophied tissue on the inferior turbinated bone. This I removed by the electro-cautery. In the vestibule of the left nostril there was some hardened tissue which greatly contracted its calibre. This I decided to remove with London paste, as I did not desire the marked cicatricial contraction which follows destruction by the electro-cautery. The removal of this tissue by the paste I have not quite completed, but even now, with the right nostril free, he has little or no difficulty in breathing entirely through the nose, and his hearing is restored.

CASE VI.—R. A. H——, Bath, N. Y., aged twenty-four years, came under treatment January 18, 1881, for an aural trouble associated with obstructed nostrils and nasal catarrh.



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Been slightly deaf in right ear, with marked tinnitus, for six or seven years, which he attributed to diving, and to the entrance of water into that ear while swimming. Also slight deafness and tinnitus in left ear for two years.

The aural trouble seems to sympathize very actively with the nasal trouble; for when the catarrh and nasal trouble is aggravated the deafness and tinnitus is greatly increased. It is markedly affected by damp weather, winds, dust, exposure to cold, damp or wet feet, and often even by moderate exercise. He has also a mild chronic laryngitis. General health is very good.

Examination revealed hypertrophy of the inferior and middle turbinated bones, more particularly at the posterior ends, and also hypertrophy of the tissues along the lower portion of the septum, as shown in illustration, Fig. 3. (From this case the drawing was made). The mouths of the Eustachian tubes were thickened and filled with a catarrhal secretion. Membrana tympani very concave.

*Treatment.*—Applied the galvano-cautery to hypertrophied tissue of the turbinated bones and septum, guiding the electrode at the posterior portion by the aid of the rhinoscopic mirror.

Marked febrile symptoms and severe headache followed on the fourth day and continued two days. No aural complications. After the sloughs were removed and the surfaces healed the nasal passages were free and clear, and the aural symptoms much relieved, so that, with the necessary subsequent treatment which this case requires, the prospects are good for a more or less complete recovery from this aggravated and distressing aural trouble.

It will be unnecessary to cite more cases to illustrate the evil results of obstructed nostrils and the beneficial results following the operation of removing these obstructions. By these means we are enabled to provide our patients with luxuriously free nasal passages, to remove the main cause for the invariably accompanying persistent and annoying nasal catarrh, and, after removing this barrier to apply other effectual means of treatment to the diseased portions of the naso-pharyngeal mucous membrane; and are compelled no longer to cant with Niemeyer that "chronic catarrh of the nares is a very obstinate disease, which not seldom mocks at every treatment, and often lasts with changing intensity for many years."

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In conclusion, gentlemen, this subject of nasal stenosis and mouth-breathing does not elicit the close and careful attention which it deserves.

We are all apt to become intensely interested in a new method of dressing for a fracture, a rare form of heart disease which is inevitably fatal, or a new type of fever that will get well spontaneously, but these so-called minor ailments are allowed to go unheeded, gradually undermining our superstructure, destroying our organs of special sense, cutting us off from social pleasures, and rendering us unfit to fully enjoy the life we so dearly cling to.

It is in the early stage of these difficulties that our work becomes most effective and curative.

The sanitarians devote a vast amount of time to devising the most effective means for *house ventilation*. If an equal amount of time were devoted to *nose ventilation*, I am sure that quite as much misery would be prevented.

Much can be accomplished toward obviating this unfortunate condition by timely attention, in children, to the maintenance of free nasal respiration, thereby preventing the formation of the habit of mouth-breathing.

Catlin, in his travels among the American Indians, covering a period of about ten years, found among two millions of them living in a savage state but three or four deaf mutes, and not a single case of deafness, nor could a case be remembered by any one of the one hundred and fifty chiefs whom he interrogated.

This is explained by the Indian mothers training their babes to breathe by the nostrils alone, and never to open their mouths except to take food or to use their tongue.

Another important fact to be observed is that among the Indians in a state of nature, ear, throat, and lung diseases, and particularly consumption, are almost unknown.

The same is true of ear and lung diseases in the lower animals, and they are invariably nose-breathers.

As we all know, the use of an organ will strengthen, expand, and develop it, whereas from lack of use it soon shrinks away, and becomes rudimentary. So with the nose; if it is allowed to go unused, and mouth-breathing is established, a tissue change will take place in the nostrils leading to narrowing, and in many instances complete closure of them, just as "a disused pathway will become covered over and at last choked up by rank and luxuriant vegetation."

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## *Discussion.*

Dr. OREN D. POMEROY, of New York:—Mr. President—I would like to say a word in regard to the very interesting subject of nasal obstructions and the importance of maintaining a free passage for air through the nostrils. It has long been known that the normal patency of the Eustachian tubes was much facilitated by the free passage of air through the nostrils in respiration. A professional friend of mine realized this fact so thoroughly that having a child with naso-pharyngeal catarrh and catarrhal otitis, in which, from the nasal obstruction, the patient was inclined to breath with the mouth, he was in the habit of offering a reward to the child for breathing through the nostrils alone, for a certain period daily.

The point Dr. Roe has made in regard to exhausting the air from the tympanum during inspiration with obstructed or closed nostrils is an exceedingly good one, and I am glad to bear testimony to its soundness.

I make these remarks to introduce a recent experience I have had in removing a bony obstruction from a nostril. The patient, Mr. H., thirty-five years of age, had his right nostril closed longer than he can remember. As he has abundant catarrhal secretion, which is rather offensive, the closure of the nostril is a source of embarrassment in cleansing it. The nares, both anterior and posterior, are so narrow that no satisfactory inspection of the part is possible. A probe passed in from the front reveals a solid obstruction near the bottom, and absolutely occluding every part of the nostril. In passing the finger behind the velum as far as it can possibly be pushed, the obstruction is just reached, and feels like a solid, smooth surface of bone, also apparently extending entirely across the posterior nares. I endeavor to bore through it with a rather sharpish probe and by other means, but being wholly of bone it does not give way. In this emergency I resorted to the Morrison-White Dental Engine. I found the drills in use too short, as the distance from the outer extremity of the nostril to the obstruction was about five inches (126 mm.). In this emergency I had drills made of sufficient length, $3\frac{3}{4}$ inches, (96 mm.,) which together with the slender tip of the engine enables me to reach the part. The first drill had a tip like a chisel, with the sides ground sharply quadrilateral, as I was told that with this I could bore laterally, so as to increase the size of the aperture. With this I made an opening the patient could, with some difficulty, blow through; but I found the sharp angles on the sides of the drill utterly inadequate to the work of enlarging the aperture by lateral boring. I then had recourse to what is called a cross-cut burr drill. The cross cutting prevents the drill from becoming clogged. The shape of the drill was something like an almond, but more pointed so as the better to enter the nostril. Its widest diameter was one-sixth of an inch, (4 mm.,) and its length about one and three-fourths of its width. This was also of the same length as the one previously mentioned, (96 mm.,) and having a stout shank. The burr was cut rather coarsely so that it would work more rapidly and not clog readily. This instrument bored directly in front, and on the sides equally well, and I succeeded, in three sittings, in removing a sufficiency of bone to allow free entrance of the air through the nostril.

This case presented difficulties I had not seen before, and I knew of no one who had had a similar case; so the work, of necessity, had to be done somewhat experimentally. Some authors recommend drilling away the periphery of the bone with a view of cutting off the whole mass and bring it away at once. I do not agree in that statement, and am satisfied if an aperture is drilled in the bone to make a sufficiently large and permanent opening.

The burr drill does not readily enter the nostril for obvious reasons, and it is ne-

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cessary to fill the interstices of the burr with some fatty lubricant. I used vaseline. Previous to this precaution it could not be entered at all. The opening then made has been quite large enough, and does not close again.

As to the cause which gave rise to this growth, it is difficult to state, for the patient gave no history of any previous pathological process whatever.

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## XI. THE FORCEPS.

BY T. H. SQUIRE, M. D., Elmira, N. Y.

The fact that the forceps are now, and for more than a century have been, in general use in the profession, is positive proof of their real value and necessity. Whether the instrument now in general use is just what it should be, or not, is the thought to be considered in this paper. The verdict of the profession upon this point, based upon a lifetime of experience, would probably be that in the great majority of cases, requiring its use, it has quickly and easily met the emergency, relieving the mother from the extremity of her distress and danger, and saving the child from imminent peril; but in a small minority of cases, even though the head has been securely grasped by the instrument, there has been an almost insurmountable obstacle to its use, and during its prolonged and violent use, or soon afterwards, the child has died, and perhaps the mother also. And if we are careful in drawing the line between these very gratifying and very sad cases, we shall find that the former have been at or near the lower strait, and the latter have been at or above the superior strait. In studying forceps cases then, we may divide them into two classes.

In the first class there is no serious disproportion between the size of the head and the capacity of the pelvis. After a long and fatiguing labor, the head, by the efforts of nature, has passed the superior strait, but the resistance, still to be overcome, is too much for the exhausted powers of the uterus, and labor is virtually suspended. All that is wanted now is to have the powers of nature supplemented by traction with the forceps; and this traction may be made in a *direct line* without serious consequences. In the cases of this class the common crossed-forceps may be said to be a suitable instrument.

In cases of the second class the dangers and difficulties are

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of a new order, and the task for art and science is much more delicate and complicated. Two things are now to be accomplished: The transverse diameter of the head must be diminished, and traction must be made in a *curvilinear and rotary direction.* The common crossed-forceps have not the qualities for doing either of these things.

The cephalic ovoid cannot be lessened in its transverse diameter without a corresponding increase in its longitudinal diameter; and the ellipse of the common forceps, or the abrupt approach and meeting of the blades at a point corresponding to the vertex, is an effectual bar to any elongation of the head. Besides, if the head were at liberty to elongate, under transverse pressure, that purpose, to be effectual, would need to be applied at a point corresponding to the swell of the forceps or middle of the blades, whereas, in closing the common forceps, the points or extremities of the blades receive all the pressure, and there, resting upon the unyielding malar bone, or solid bony structure of the base of the skull, cannot be approximated sufficiently to allow any pressure upon the parietal prominences by the middle portion of the blades; hence, here is, also, a direct bar to the use of such pressure as would be necessary to lessen the transverse diameter, even if there were no other bar to such lessening.

And in respect to traction—which should always be in harmony with the forces governing the descent of the head in natural labor—the common crossed-forceps are equally defective; for, through the medium of the rigid handles, the force exerted will be in a straight line, and not in a curvilinear direction, corresponding with the axis of the pelvic canal; and at the same time the natural effort at rotation will be disregarded.

Chassagny, of Lyons, has met all three objections in his non-crossed forceps with traction by means of flexible cords. The lateral halves of the instrument of Chassagny may be said to be entirely symmetrical. Instead of crossing each other in the middle of their extent, they remain widely separated and nearly parallel to each other throughout their whole length. The only point where they may be united is at the manual extremity, 40 centimeters from the beak of the instrument, where a straight transverse bar, 6 centimeters in length, connects them at will. Each lateral branch of the instrument

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is, therefore, slender and straight, from the point where it is articulated with its fellow, to the point where it touches the widest part of the head, and thus the classical ellipse is abolished. The remaining portions of the lateral branches are curved so as to resemble the extremities of the blades of the common forceps. By this mode of construction, two objects are realized: There is a free and open space to permit the elongation of the head, and when pressure is made, by closing the blades, that pressure is exerted at the parietal prominences, and not upon the unyielding malar bones, as in the common forceps. A sliding ring, spanning the branches, is the means used for exerting the pressure upon the parietal prominences. The branches, as has been said, are not quite parallel. A large head separates them at that point, we will say, 11 or 12 centimeters; the transverse bar separates them at the manual extremity 6 centimeters.

It is evident, therefore, that the ring which spans the branches at the manual extremity, as it is slowly advanced towards the head, will diminish its transverse diameter. The branches are not rigid and unyielding, but are slender and slightly flexible. By means of this flexibility, when the pressure of the sliding ring is exerted upon them, the points of the blades do not receive this pressure, but, on the contrary, this pressure is exerted at the transverse diameter, the place where it is needed.

Now, in respect to traction. With the forceps of Chassagny the traction is made, not through the medium of the manual extremity of the branches, but through the medium of four silken cords which are attached to the blades, at points answering, in effect, to the extremities of an imaginary line corresponding with the transverse diameter of the head. There is a little, blind, and harmless hook, or notch, located, one at either side of each fenestrum, for the attachment of these cords.

As to facility and convenience in use, the blades of this instrument are more easily introduced and articulated, than are the blades of the ordinary forceps; and they can adjust themselves, also, more readily to variations in the presentation of the head.

True science and philosophy cannot ignore the principles embodied in this instrument. They have, in fact, been recog-

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nized and acknowledged by those highest in authority, in this department, at the present day. The forceps which M. Tarnier has lately introduced to the profession, have paid respect to these same principles.*

Chassagny's forceps have also stood the test of experiment. Their originator, and many other practitioners abroad, have used them in very difficult cases with most excellent results. My own experience in their use has been sufficient to confirm all my theoretical views as to their value, and to establish my faith in the final triumph of the principles which they illustrate.

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## XII. REMARKS ON TRANSPLANTING OF LARGE PIECES OF SKIN WITHOUT PEDICLE.

BY ARTHUR MATHEWSON, M. D., of Brooklyn, N. Y.

The object of this brief paper, is to direct the attention of the profession at large to a method for the relief of contractions, as from burns, which has hitherto been almost exclusively employed by ophthalmic surgeons for the relief of ectropion. In 1876, Wolfe, of Glasgow, successfully transplanted pieces of skin from the arm for the relief of ectropion in two cases. In the same year, Wadsworth, of Boston, operated successfully by the same method, transplanting a piece of skin two inches and a half by one inch and a quarter (63 mm. by 31 mm.) from the inner side of the forearm. More recently, Noyes, Zehender and Aub have reported five or six additional cases of application of this method, successful except with Zehender, the bad condition of whose patients would account for his failure.

In May, 1880, I transplanted successfully a piece of skin from over the seventh rib measuring three inches by one and a half, (76 by 38 mm.) for the relief of ectropion of the upper lid, caused by contractions resulting from burns. This was the largest piece transplanted with success up to that date, but shortly after Dr. L. S. Pilcher, of Brooklyn, transplanted with success a still larger piece of skin taken from the inner surface of the upper arm for the relief of eversion of the

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upper lid, and has since successfully employed the same method to relieve the eversion of the lower lid of the same patient. These three last mentioned cases are reported in detail in the Annals of Anatomy and Surgery, January, 1881. Drs. Howe, of Buffalo, Ely, of New York, and Rushmore, of Brooklyn, have also made successful application of this method, and Wolfe, the originator of the operation, has lately reported additional cases.

The almost uniform success obtained in these cases make it probable that the method might be resorted to for the relief of other deformities than those about the eye with more satisfactory results than have been obtained by the methods heretofore in use, and shows that at least it is deserving of a trial.

The details of the operation are in brief these:—Free the contracted parts by dissection; measure the size of the gap thus formed by laying a piece of paper over it and cutting to exact size and shape, and placing this as a guide on the part from which the transplantation is to be made, a surface nearly a third larger, but varying according to thickness and retractility, is circumscribed by the knife; this is then rapidly dissected off, but with care to take as little of the subcutaneous tissue as possible, laid in the gap to be filled, held in place by thin transparent plaster fastened at its edges by collodion, and kept warm and under pressure by a bandage. In the cases I have had an opportunity of watching no sutures were used, except that in my own case there were two used at the ends of the elliptical piece, but with no special advantage.

The questions as to the best region from which to transplant, the comparative advantage of thickness or thinness, and many other details, can only be determined by further experience.

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## XIII. MEDICAL INDUCTION COILS.

BY L. E. FELTON, M. D., Potsdam, N. Y.

An induction coil generally consists of a soft iron core surrounded by a primary and secondary coil of insulated copper wire.

If a current of electricity be sent through the primary wire, a part of it is stored up in the core as energy, and re-

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mains there until the battery circuit is broken, when it is again transformed into dynamic electricity, in the surrounding coils if they form a circuit, and the current has the power of overcoming several hundred times the resistance that the battery current has, depending upon the electro motive force.

Electro motive force is the exciting cause which sets up tension; it is located at the point or points where energy takes the form of electricity. In the galvanic cell, at the surface of the zinc plate, in the induction coil, in the convolutions forming the coil, each convolution having its own electro motive force, so that the electro motive force of a coil is in direct ratio with the number of turns of wire, without regard to its size. The smaller the wire, the greater number of turns in a given length of coil. But as small wire has a greater resistance than large, and as the quantity of current which flows is the result of electro motive force divided by resistance, we are at the same time diminishing the quantity, while we increase electro motive force, but as the quantity for therapeutic purposes is comparatively small, this is not essential. The electro motive force of the coil varies as the number of turns of wire; the electro motive force of each turn varies as the amount of energy from which it is derived, and that is the energy stored up in the coil as magnetism. The capacity of a core depends upon its surface. A bundle of wires is used because it has more surface than a solid core, and not on account of currents being formed in the wires, as asserted by an eminent author.

The amount of magnetism induced in the coil depends upon the quantity of current flowing through the primary or battery wire, and upon the number of turns of this wire. The battery current depends upon the electro motive force of the cell, its internal resistance and the resistance of the primary wire.

The cell which gives the greatest electro motive force is the bichromate. The elements are zinc and carbon, and the fluid a solution of bichromate of potassium and sulphuric acid. The electro motive force of this cell is a trifle over two volts, and the internal resistance very much less than any other cell, being less than half an ohm, hence it is best fitted for a portable battery, as a small cell may be used without materially increasing the resistance.

There are, however, some decided disadvantages in the form

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usually employed. In the Grenet cell the carbon plates are attached to a brass connection within the cell, and the fluid very soon finds its way between them, and oxydizes the brass and breaks the circuit, and the current ceases. The same trouble occurs where the rod is screwed into the zinc plates, and also at the joint in the rod. Another disadvantage, the zinc plate is carried in the cell, and is subject to the action of the fluid when carried. The plate, being seldom cleaned and amalgamated, becomes coated with chrome-alum, and produces an unsteady current.

To obviate these objections I have constructed a cell in which one end of the carbon element extends through the cover of the cell so as to make a secure joint, the connection being made on the outside of the cell by solder. The zinc element is a rod of zinc that is passed through a round hole in the cover, and raised and removed when not in use, so as to insure perfect cleanliness. When the zinc is removed a rubber stopper closes the hole in the cover and makes a perfectly tight cell, with no metallic connections on the inside, and which if overturned will not leak or corrode. (Cell shown.) The coil I have here is four inches (101 mm.) long, core five eights of an inch (15 mm.) in diameter, three layers of number twenty wire form the battery circuit; its resistance is less than half an ohm, so that the core is highly magnetized, and the extra current is of good strength. The secondary wire may be much smaller, the size that I use is No. 28. Five layers, with the cell and battery circuit that I have described, are sufficient for any emergency.

In constructing a coil I always heat the wire and dip it in melted paraffine before it is wound, a layer of paraffine paper being placed over each layer of wire and the coil heated after it has been wound to saturate it with paraffine, which forms perfect insulation and prevents the absorption of moisture. The coil should then be tested with galvanometer for perfect insulation.

The current induced in the coil when the battery circuit is broken is instantaneous, its duration, according to Professor Blaserna, who has made extended experiments, being but .000275 of a second. The results of an induction coil, then, must depend for a great part upon the current interruption, for the electro motor force and resistance being the same, the

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result would vary as the number of interruptions per second, that is, one thousand interruptions would produce one thousand times the chemical results that one interruption would. And as the therapeutic effects are due rather to the quantity passing than to the shock, as shown by the results of the galvanic current, we have reason to believe that the more rapid the interruptions the better the therapeutic results.

All of the information I have been able to obtain upon vibration, has been derived from works on acoustics, and the only practical thing that I could find here was the organ reed.

After long and tedious experiments with all kinds of springs, I began a series of experiments with organ reeds, selecting those which produced the most rapid vibrations. The reed that I chose is one composed of copper, zinc and silver; this may be rolled to any desired temper.

In order not to impede the vibrations by the weight of an iron disk such as is usually used, I solder to the vibrator a small piece of tin-type, [very thin sheet-iron,] which merely makes an extension without increasing its weight. The platinum connection I make of wire, so light as not to impede vibrations, and sufficiently large to offer no extra resistance to battery current. I am now constructing an apparatus and conducting experiments to determine the number of interruptions produced per second.

Without entering into the different methods of regulating the strength of the induced current, I will simply describe the method which I have devised. It is based upon the following law, which I have never seen given:—Where there are two or more circuits surrounding a core, a current is induced in each inversely as the resistance. If a sheet of copper be bent over a coil so that the edges come in contact the whole length, we have a circuit of very small resistance, but this resistance can be increased by diminishing the length of contact. The greater part of the electricity passes through the copper cover, and if a great resistance, such as the body be introduced, in either of the other circuits, nearly all of the current will pass through the copper; but if the contact be made by a movable bar, so that the resistance of the copper cover can be increased or diminished at will, the quantity of current sent through the person can be regulated to a nicety. It is held by many electrologists of authority, that a different

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quality of current, and different therapeutic results, are produced by different sized wires. Based upon this theory, coils are very often made up of a half dozen sizes, each size supposed to produce its special therapeutic effect and applicable to special cases. A coil that has an electro motive force sufficient to produce a tension that will overcome the resistance of the body, and furnish a proper quantity for therapeutic purposes, will do all that a dozen wires will do. With the galvanic current the same quantity passing through a circuit in a given time will produce the same effect, without regard to the kind of battery used; so with the electro magnetic battery, the same quantity of current at each interruption, and the same number of interruptions per second, will produce the same effect without regard to size of wire, or kind of machine. Now a coil can readily be made of two wires, or even one, that will furnish a sufficient electro motive force, and give sufficient quantity for therapeutic purposes, and with a proper regulator any desired quantity can be obtained. Where several sizes of wire are used, it makes a complicated affair for the physician, gives a larger number of connections to get out of order, and makes it more mysterious for the inexperienced.

With due deference to the high authorities, in both this country and England, who advocate this theory, I must say that, basing my opinion upon electrical laws, and careful experiments with differently arranged coils, cells and vibrators, it is fallacious.

I will next consider slow interruptions of the induced current as compared with slow interruptions of the galvanic current. We are told by good authorities that slow interruptions are preferable to rapid in the treatment of paralysis, and that slow interruptions of the galvanic are preferable to either. There must be some reason why the galvanic current produces contractions in paralysed muscles when the induced current fails; but I have never seen one given. I will give the one that seems to me the most plausible:—Supposing the interruptions to be one a second, with the induced current we would have at each interruption a current lasting say $\frac{3}{10000}$ of a second, and in another second, another current of like duration. But with the galvanic battery when the circuit is closed, the current passes until it is open again, and if of the

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same electro motive force and resistance, we have several thousand times the quantity passing at each interruption that we have with the induced, and so long as electricity is just the same as long as it flows, in the one case as in the other, it is safe to assume that the difference in therapeutic results is due to the difference in the quantity that flows at each interruption.

Then it is reasonable to suppose that with a vibrator that will produce a large number of interruptions a second, we should obtain results nearer like those of the galvanic current. This I have found to be the case, as I have repeatedly demonstrated in my experiments. In doing this I make slow interruptions in the induced circuit by removing the electrode, or using an interrupting handle.

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## XIV. DRESSING OF THE UMBILICAL CORD.

BY DANIEL LEWIS, of New York.

The importance of careful attention to the dressing and care of the umbilical cord, may be more thoroughly appreciated by considering, for a moment, the accidents and diseases appertaining thereto.

In the first place, through imperfect ligation or shrinking of the cord, hemorrhage often becomes troublesome and sometimes fatal.

Again, sloughing may be so long delayed as to allow organization of a vascular base requiring a second ligation for its removal. In one of my own cases, a bleeding stump three-fourths of an inch long remained which was thoroughly organized, erectile, very vascular, and sensitive to the touch. An elevated umbilicus without abnormal vascularity is not unusual.

Irritation at the navel has been mentioned as a probable cause of trismus neonatorum by Vogel and other writers, and in the absence of any more certain pathology the suggestion should be regarded as more than hypothetical.

Finally, we have umbilical hernia as a frequent result of imperfect union of the abdominal walls at this point.

Dr. Gibney, of the New York Hospital for the Ruptured and Crippled, informs me that, of the 223 cases of umbilical

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hernia treated at the Hospital last year, nearly all occurred in infants.

The suggestions I now offer have been followed in quite a large number of cases, and seem to meet several of the difficulties mentioned.

The cord is cut *before* the ligature is applied, and emptied of blood and serous contents, thereby reducing the amount of material to be removed by sloughing to the minimum. It is then tied and sharply twisted three or four times, which torsion so closes the umbilical vessels that hemorrhage is almost impossible, in case the ligature should prove imperfect It is then dressed in the usual manner and separates much sooner than it otherwise would, (often on the third day,) without the possibility of an organized stump being developed.

A band of rubber adhesive plaster, 2 inches by 8 inches, (50 mm., by 200 mm.,) is then tightly applied over it, and allowed to remain until the parts are thoroughly cicatrized. In case there is no congenital hernia, one month is sufficient to accomplish this purpose; but if, as often happens, a loop of intestine is found in the cord at birth, the dressing should be applied for a much longer period.

This little device is sufficient, as I believe, to prevent any protruding navel, and if adopted in all cases, will greatly diminish, if not entirely prevent, the umbilical hernia peculiar to infants.

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## XV. PERICHONDRITIS AURICULÆ.

BY THOMAS R. POOLEY, M. D., of NEW YORK.

At the meeting of the American Medical Association in New York, last June, Dr. H. Knapp presented a patient whom he had treated for inflammation of the perichondrium of the auricle. The case is reported in full in Vol. IX, No. 3, p. 106, of the *Archives of Otology*. I was reminded by his case and the admirable description which he gave of the disease, of a similar one which was under my care, and to which he refers in his paper. Although the patient was under my observation about a year before he observed him, it has not yet been published.

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As will be learned by reference to his paper, this affection has been either imperfectly or not at all described in the text-books on otology. In confirmation of which statement he refers to the leading text-books and gives an abstract from some of them.

The very rare occurrence of the disease—Knapp says he has seen only three examples of it, and the one which he reports in detail was the only one of these which showed the disease in all its phases—is my excuse for reporting another which I had the opportunity of following from first to last.

September 24, 1877, I was consulted by Mrs. G——, a young married woman, aged twenty-one years, born in New York, of German parents. She had always enjoyed good health, and up to the time when the ear-disease began had nothing to complain of. Three weeks before seeking my advice she had some pain and itching in the meatus of the right ear. She said that "a boil formed in the ear, broke, and gave exit to a greenish-looking core," after which she was better for a time, but as the ear began to trouble her again she sought advice. There was no history of any injury, nor had she any reason to assign for the present difficulty. I found upon the anterior lower wall of the auditory canal, just within the meatus, a conical swelling, which showed the usual appearance of an otitis externa furunculosa. It was very sensitive to the pressure with the probe. A deep incision was made into the center of the swelling, and a small quantity of watery-looking pus let out.

October 2d.—The circumscribed swelling of the canal had subsided, but the lower part of the concha was red and swollen, although no distinct fluctuation could be made out. This swelling rapidly increased and became painful, not only when pressed upon but spontaneously. There was now an ill-defined sensation of fluctuation present.

In a few days the swelling had rapidly increased to such an extent as to fill the whole concha and obliterate its normal concavity; the swelling was of a dark red color and boggy to the feel. An incision into the most dependent part of the tumor was made with a Bell's knife, and a thin, glairy-looking fluid, mixed with yellowish white shreds, was evacuated. No blood escaped. A probe could with ease be passed along the anterior surface of the auricle as far as the anti-helix.

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The cartilage was roughened, hard, and its perichondrium, which was readily detached, raised together with the skin on the probe. A tent of charpie was inserted into the wound to keep it open, the ear covered with absorbent cotton, and a flannel-roller applied so as to exert a pretty firm pressure. There was a thin, watery discharge mixed with broken-down shreds.

FIG. 1.

Slow extension of the swelling over the entire anterior surface of the auricle, except the lobule, ensued, involving successively the concha, helix, anti-helix, and the fossa helicis—in fact, all the anterior surface of the auricle except the lobule. The photograph taken at this time, November 14, 1877, which I am sorry to say was not taken just when the disease was at its height, but after it had begun somewhat to diminish, represents the appearance fairly well. The character of the swelling was uneven, in some places diffuse, in others nodular. When the swelling had reached the helix it began to encroach upon the posterior part of the auricle, every part of which, except the lobule, became diffusely red, very much thickened and swollen, painful to the touch, but gave no sensation of fluctuation. Although the lobule itself did not become involved there were two abscesses formed below it—one in front, the other behind (probably suppurating glands)—which were opened. A probe passed into the fistulous opening, which remained for some time in the anterior one (as can be seen in the photograph), passed into the concha, and thence along the anterior surface of the auricle, until its



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point could be felt, just underneath the upper margin of the helix.

The acute inflammatory symptoms lasted for about two months, during all of which time the patient suffered a great deal of pain, always aggravated at night. So severe was the character of the pain that she had to be kept more or less under the influence of narcotics.

As might be expected, her general health suffered. She was pale, lost flesh, and became nervous and irritable.

FIG. 2.

The treatment consisted in making incisions into the parts of the swelling which fluctuated; counting the first, made in the auditory canal, and the two below the lobule, eleven in all were made. In addition to keeping the lower incision always open, injection of a weak solution of carbolic acid, and, toward the last, of iodine, were injected. A compress bandage, the pressure of which seemed to allay the pain, was kept quite constantly applied. She was also given quinine, and a generous diet. The hearing was but little affected. There was no discharge from the auditory canal, and when the swelling of the canal would permit, there was found a normal condition of the membrana tympani. The swelling gradually disappeared in the same order in which it had begun, first of the anterior, and then of the posterior surface of the auricle.

The case was under treatment until March 27, 1879, and the second photograph shows the resultant deformity.

The tragus has assumed about the same appearance as the

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other ear, but the calibre of the auditory canal was considerably diminished, not only from permanent thickening and enlargement of its cartilage, but also from pushing forward of the deformed concha. The natural depressions and eminences of the prima concha, helix, anti-helix, fossa helicis, had for the greater part disappeared, and were replaced by hard, nodular ridges. The helix was atrophied, and its upper anterior margin shows a distinct notch.

The entire auricle, except the lobule, had participated in the deformity. The misshaped auricle measured, from the upper margin of the helix to the lower margin of the lobule, 5 ctm., and from the tragus to the outer margin of the helix 2 ctm. The same measurements of the sound ear gave respectively 5½ and 2½ ctm.

Since determining to report the case I have examined the patient over again, January 18, 1881. There is no material change in the appearance of the deformity. Hearing is normal in both ears. A peculiarity of the deformed ear, mentioned by the patient herself, is that it sweats more or less all the while, and in all temperatures.

My personal experience in this disease is even less than Dr. Knapp's. He was kind enough to show me his case once or twice while the patient was under treatment, and quite lately my colleague, Dr. Born, has shown me another, in which the disease seems to be developing. Here, too, it began as an external otitis, and is just commencing to affect the lower part of the concha, exactly as in my own and Knapp's case.

I think with Dr. Knapp that this disease ought to be considered as an independent affection, and not confounded with hæmatoma auris, whether idiopathic or traumatic.

It seems, too, that inflammation of the perichondrium can be either idiopathic or traumatic, but that the former occurs the more frequently. It is not a difficult matter to make the differential diagnosis between hæmatoma and perichondritis.

I cannot recall having seen more than one case of hæmatoma, and that was when the disease had run its course, leaving behind the characteristic deformity. It occurred in an insane subject, but was, nevertheless, distinctly of traumatic origin. The patient, a young man of about twenty-three or twenty-four years of age, was afflicted with periodical mania, and at the time of an outbreak would beat himself about the face

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and head. In this way he had not only produced a bloody extravasation into both auricles, but also detachment of both retinæ, causing complete blindness. When the deformity only is left, it is, no doubt, difficult to say whether it resulted from a primary inflammation or a bloody tumor, especially as an abscess of the auricle (perichondritis?) may be provoked by the presence of the blood.

But, from reading the description of the hæmatoma in the books, it would seem that in the early stages of the affection it must be sufficiently easy to discriminate between the two conditions.

The swelling of hæmatoma is much more symmetrically round than it is in perichondritis, which in both Knapp's case and my own was very irregular and nodular. The color, too, of the blood-tumor is of a more distinctly bluish cast, and the deciding point would be the escape of blood, either spontaneously or when incised. I would venture to add, that in inflammation there will be more decided pain and constitutional reaction.

One feature in the differential diagnosis, upon which Knapp lays great stress, the integrity of the lobule, loses its value from the fact that neither is the lobule ever affected in hæmatoma. (See "Burnett on the Ear," p. 248.) Dr. Yeats, of the Coton Hill Institution for the Insane, England, (*British Medical Journal*, June 21, 1873, quoted in "Burnett on the Ear," p. 252,) believes that the cartilage is never affected in this disease, and hence the lobule of the ear remains intact. This is exactly the same reason which Knapp gives for the immunity of the lobule in perichondritis.

In my case there was much more pain and constitutional disturbance than is mentioned in Knapp's or any of the other cases to which he refers.

Regarding the treatment employed, it now seems to me a mistake to have made so many incisions as I did. They were followed by no relief to the pain, nor did they in any way hasten the cure. It may be well to make one incision into the most dependent part of the swelling to gain access to the cavity. For the rest the cavity should be drained by a drainage-tube, and injected with some antiseptic solution, such as carbolic acid, and systematic pressure employed.

In addition to the cases of idiopathic perichondritis referred

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to by Knapp, I would add one reported by Kipp, of Newark, in the "Transactions of the American Otological Society," 1873, p. 79, under the head of "Spurious Othæmatoma of both Ears, the Result of a Burn." In this case, although the process was limited to the upper part of the auricle, it was evidently of the same character as those of idiopathic origin.

An interesting feature of my case, not mentioned, so far as I know, in any other, was the hyperidrosis of the deformed auricle; but this condition has been noticed after nerve injury, and it is probable that here, too, it may be due to the implication of the nerves in the inflammatory process.

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## XVI. A DEVICE FOR RETAINING DISLOCATIONS OF THE CLAVICLE AT ITS DISTAL END.

BY C. L. STILES, M. D., of Owego, Tioga Co., N. Y.

Having experienced, at various times, much annoyance in the effort to retain the clavicle in place when dislocated at its acromial end, and my wife having had, something over a year since, the misfortune to sustain an injury of this kind, the result of falling down stairs head first, I tried various dressings and appliances to retain the end of the clavicle in place, but with indifferent success until I devised the following method of treatment:

Putting the bone in position, a plaster cast was taken of the parts, about four inches long and two and seven-eighths inches wide (10 ctm. by 7.2 ctm.). (It is necessary to oil the part before applying the plaster.) I took the cast to Dr. Downs, a dentist, and requested him to make a hard rubber plate from the cast in the same manner as he would make a plate for a set of teeth from a plaster cast of the mouth, making it about three thirty-seconds of an inch (2⅓ mm.) thick. I explained to him what I wished it for, and he succeeded very nicely. When it was finished I applied a piece of lint to the under surface of the splint and placed it on the clavicle, and found it a perfect fit. I then attached to the outer or upper surface of the splint two strips of strong adhesive plaster, about fifteen inches long (38 ctm.) (and the width of the two strips nearly covering the splint) which I applied to the posterior part of chest. I then applied two

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more strips over those already applied, but extending in the opposite direction and diverging somewhat, and to the lower ends of these strips I fastened two rubber bands, about three inches (76 mm.) long and three-fourths of an inch (19 mm.) wide (the bands can be obtained at any book-store), and to the lower ends of the bands I fastened pieces of adhesive plaster with broad bases, making sufficient traction to hold the bone in place. The last mentioned pieces of plaster were firmly fixed to the anterior part of the chest. A small roller was placed in the depression of the splint above the clavicle, and then another piece of plaster about three inches (76 mm.) wide was applied from before backwards over the roller and brought up over the roller and down on the back and closely applied. The forearm was placed diagonally across the chest, and retained with adhesive strips and a few turns of the roller, and the dressing was completed.

The result was all that could be desired; there is perfect freedom of motion of the arm, and it can be put directly up beside the head as well as it fellow.

My excuse (if any is needed) for presenting this brief paper, is to help any professional brother who is annoyed, as I have been, with this class of injuries.

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## XVII. THE SURGICAL TREATMENT OF EPITHELIOMA OF THE CERVIX UTERI.

BY WILLIAM WARREN POTTER, M. D., Batavia, N. Y., Physician to the New York State Institution for the Blind.

The genital tract of woman is, perhaps, liable to no disease more subtle in its approach, or more destructive in its nature, than the malady now generally known and described under the name of Epithelioma of the Cervix Uteri. Epithelioma-tous disease may attack any portion of the female genitalia, from the labia to the uterine cavity, but its most common seat is admitted to be the neck of the womb.

In this brief paper no attempt is made to classify the various forms of malignant tumor of the cervix, for we are not dealing with abstruse and perplexing questions concerning the pathology of uterine cancer; neither shall we enter the unsatisfactory or uncertain field of etiology, but shall content

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ourselves with a short discussion of the surgical treatment of the disease under consideration.

Whatsoever may be the causes of malignant neoplasm of the cervix uteri, it is a melancholy fact that, in its beginnings, it rarely meets the eye of the surgeon, since he is seldom consulted until extensive, not to say irreparable, damage has been done. The insidious approach of the malady may, in general, be blamed for this condition of things, since most women who suffer with this disease experience, at the outset, few or no symptoms whatever of a nature calculated to afford them warning of impending danger. It, therefore, naturally follows that in the larger proportion of cases, such extensive disorder already exists that the office of the surgeon is limited to mere palliation of symptoms, and he, as a consequence, must be content to address himself to the difficult task of making the few remaining weeks or months of life, a little more endurable to the sufferer and her surrounding friends.

There are, however, on the other hand, a goodly number of patients who consult the physician sufficiently early, to warrant him in encouraging the hope that prompt surgical interference will afford infinite relief, prolong to a considerable degree the now rapidly shortening life, and, possibly, effect a cure more or less complete.

Therefore, without circumlocution, and ignoring, in the main, questions of pathology and causation, let us consider, during a few moments, what the operative measures are which are most likely to secure to these unfortunate sufferers the greatest comfort and safety, both immediate and remote. Or, in other words, which of the methods of operating for epithelioma of the cervix uteri in vogue at the present day, offer the largest measure of advantage, immediate or prospective, to the greatest number of persons suffering with this loathsome malady?

The views which it is the aim of this paper to present will, most likely, be better understood, by passing in brief review the different agencies recognized as proper, by the profession of to-day, in the operation for epithelioma of the cervix. Four different methods appear to have been advocated by surgeons and gynecologists during the past twenty-five years, viz:—

1, The Ecraseur; 2, The Galvano-Cautery; 3, Paquelin's

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Thermo-Cautery; 4, The Curette, Knife and Scissors, supplemented by the Potential-Cautery.

I have not named them in the order of their introduction or adoption, but have simply arranged them in this manner for convenience.

Whichever of these methods is chosen, the operation must have for its prime object the entire removal of the carcinomatous mass. It must be confessed that it is not always possible to accomplish this much to be desired result with any method; indeed, it may be questioned whether *complete* extirpation is even generally obtained. Nevertheless, this is the end sought, and it must be attained as nearly as may be.

Another most important question to be considered, in the selection of a plan of operating, is that of hemorrhage. This will, especially, be a consideration of great moment if the patient be already exsanguinated by the frequent or profuse fluxes which often attend the disease.

The dangers of septicemia are, also, to be considered, in choosing between the several methods in vogue for the removal of an epitheliomatous cervix.

Convenience is another factor of no small moment in determining the plan to be adopted, especially in the smaller towns and in the rural districts where skilled assistants are not always readily obtainable.

With these preliminary remarks, we come to the consideration of the various methods in detail.

I. *The Ecraseur.*—I have no experience with the écraseur in operations upon the cervix uteri. Its advocates have claimed for it but one advantage over the knife and scissors, viz:—the avoidance of hemorrhage; and even this has proven an *ignis fatuus* which dazzles to betray, since secondary hemorrhage is not uncommon after its use. Moreover, there are other objections to its employment which seem so weighty, that I presume it is now rarely used by American gynecologists, in this and parallel operations. The liability of producing artificial openings in the peritoneum and bladder; the greater danger of septicemia and tetanus; the clumsy and unsurgical crushing of the tissues; these are some of the other objections raised against the écraseur in ablation of the cervix by operators who are familiar with its workings.

Furthermore, it seems to me so unsuited to the removal of

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an epitheliomatous cervix, particularly when there are other and better methods at hand, that I shall not consume valuable time with its further consideration.

II. *The Galvano-Cautery.*—Since its introduction by Middeldorpff, the distinguished Professor of Surgery at Breslau, now more than a quarter of a century ago, the galvano-cautery has grown steadily in favor until, in the hands of a few specialists, it has become the most formidable rival of all the other methods in amputation of the cervix; not only for malignant disease, but for all other conditions calling for excision of the neck of the womb.

Among the advantages claimed for this mode of amputating the cervix may be mentioned, rapidity of execution, diminished risk of hemorrhage, greater safety, lessened chances of septic poisoning, and, finally, that cancerous disease is less liable to return after removal by the electro-cautery than after any other method.

Dr. John Byrne, of Brooklyn, is undoubtedly the most conspicuous champion of the galvano-cautery for this class of operations which this continent has produced; indeed it is not, perhaps, too much to assume that his experience and success in cautery operations is greater than that of any other surgeon in America, or even Europe. His most excellent, instructive, and scholarly paper upon this subject, published in the Transactions of the American Gynecological Society for 1877, (Vol. II.) will more than repay perusal and study, by any person interested in this department of surgery.

There are, undoubtedly, many cases of epithelioma of the cervix which appear especially adapted to invite removal by the cautery wire. These are, notably, the more pedunculated varieties, where the disease is limited to the infra-vaginal portion of the cervix.

I am not here to condemn a method which is able to summon so much clinical evidence of its great value, and which has, also, received the endorsement of so many distinguished surgeons; particularly as I have had no personal experience with it,—having only witnessed its use a few times. Nevertheless, I am constrained to believe that there are objections to the electro-cautery, which will necessarily confine its use to a few specialists in the larger cities, who, from greater opportunities, may become expert in its management. Dr. Byrne, himself,

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in the paper before referred to, states one of the chiefest of these objections. He says:—"As for practical hints, and that "particular kind of knowledge so needed for conducting "cautery operations, there are but two ways in which such "can be obtained; either by being fortunate enough to have "repeatedly witnessed and closely observed such operations, "or through laborious experimental research, and no trifling "outlay." *

Again, it is a matter of some doubt whether the cautery wire can be made to include the whole of the diseased tissue, in the majority of cases of epithelioma. Unless I am greatly in error, the most it can be made to do is to amputate the infra-vaginal portion of the cervix, with whatever of disease exists below that line; but it is important to reach such portions of the disease as extend high up in the cervix; and these are, speaking generally, the very roots of the malady whence it springs up anew at an early day, if they are left behind. Furthermore, the claim that the cautery operation diminishes the liabilities to septicemia seems not yet clearly established.

Whatever superiority the electro-cautery may possess over other methods in excision of the cervix for diseases and conditions other than malignant, the Scotch verdict of "not proven" would seem to be admissible, as regard its claim to a like recognition here.

III. *The Thermo-Cautery of Paquelin.*—This form of cautery appears to be growing in favor with many gynecologists. An ingenious contrivance, called by the inventor the "antithermic shield," has been devised by Dr. H. P. C. Wilson, of Baltimore, which makes the Paquelin-cautery available in long operations in the Sims' position, and through the Sims' speculum. This improvement is regarded with high favor in gynecological circles, and Dr. Sims himself pronounces it one of the most important improvements yet made in this operation.† A description of the instrument thus improved, together with a cut showing the Wilson attachment may be found in Dr. Mundé's recent work on "Minor Surgical Gynecology." It is quite possible that the benzoline-cautery, in some form, will revolutionize the operation for epithelioma

* Trans. Am. Gynecol. Society, Vol. II, p. 73.

† Am. Jour. Obsts, July, 1879, p. 489.

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of the cervix uteri. With it the diseased tissue can be exsected high up in the cervix, which gives it a decided advantage over the galvano-cautery to begin with. If further experience should prove the actual cautery superior to the potential in the destruction of the remaining germs after exsection of the diseased growth, (as many even now hold,) then the Paquelin cautery must be conceded a two-fold advantage.

IV. *Exsection with Curette, Knife and Scissors, supplemented by the use of the Potential Cautery.—The Sims Method.*—The thoroughness with which the operation can be executed, will ever commend this method to the thoughtful surgeon. It is of little avail to slice off portions of the fungous growth by any process, leaving behind nodules and villosities whence the disease springs up anew, runs its course rapidly, and, perhaps, destroys life sooner by reason of the interference. But, on the other hand, the aim must be at total extirpation; to accomplish which, the cavity of the uterus high up, if need be, must be invaded, and the entire granulating mass removed.

My first experience with this disease was in 1860, when I removed a cauliflower excresence with the Gooch canula and ligature. The growth was large and the patient exsanguinated by frequent hemorrhages; nevertheless she made a good recovery and the disease did not return.

Within the past few months I have made the operation four times, adopting in each instance the method of Sims, viz:—Exsection with the curette, knife and scissors. One of the patients removed from my neighborhood soon after the operation and thus passed from my observation; but I am informed that she has since died. The others are living. From among them I select a case to report in detail, which will serve as a type of the others, premising the report, however, with the remark that this case appeared to be the most unpromising one of the number.

Mrs. J. B. G——, aged 49 years, married at 17, twice a mother with no miscarriages, and 24 years a widow, consulted me September 27th, 1880, remarking that a day or two previously she noticed a discharge of blood from the vagina which she supposed was a return of the menses, informing me at the same time, that the menopause had occurred eighteen months before.

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I insisted at once upon a physical examination of the genitalia, and found the upper part of the vagina filled with an epitheliomatous growth, which bled freely when touched even in the gentlest manner. It was ascertained that the disease was not confined to the cervix, but the connective tissue of the vault of the vagina had also become involved, so that the boundaries of the cervix could not be readily defined. Furthermore, the neoplasm had traveled downwards upon the posterior wall of the vagina to a point within two inches (51 mm.,) of the fourchette, and the patient informed me that she had repeatedly felt the lower margin of the growth at this point, in making digital examination of herself. She stated, further, that for six months or more she had suffered from an offensive watery vaginal discharge, the odor of which she had only been able to conceal from others by the most scrupulous cleanliness.

I insisted that there should be no delay in instituting surgical measures for her relief. She, therefore, entered the Rochester City Hospital on the 4th of October as a private patient, and on the following day I operated in the presence of, and assisted by Drs. Montgomery, Stoddard and Little of the visiting staff, and Barnum and F. H. Potter of the house service. The method employed was that of exsection by the curette, knife and scissors, as advocated by Sims and so admirably described by him in the *American Journal of Obstetrics* for July, 1879.

With the curette I quickly removed the granulations from the posterior wall of the vagina. The anterior lip of the os being only slightly involved, was now seized with a strong, slightly curved volsellum forceps, and the uterus brought downwards well into view, where it was firmly held by Prof. Stoddard. The projecting mass was now broken down and drawn out with the curette, while the remaining diseased tissue was cut away with the knife and scissors down to the level of the vagina and quite up to the os internum. The hemorrhage was inconsiderable.

The parts were now thoroughly douched with warm carbolized water, and the vagina snugly tamponned with pledgets of absorbent cotton steeped in carbolized alum-water. Considerable care was exercised in the tamponnade of the vagina lest the recto-vaginal septum, which was observed to

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be very thin after the removal of the neoplasm, should be ruptured during the process or slough from pressure afterwards.

The patient was now placed in bed with directions that the catheter should be used to empty the bladder as often as need be, and morphia given hypodermically if required, on account of pain. A portion of the tampon was removed next day on account of the pressure it made upon the bladder, but the greater part was allowed to remain until the fourth day, when I removed it and washed out the vagina thoroughly with warm carbolized water.

The excavated cervix was, thereupon, filled with bits of cotton wet in a saturated solution of chloride of zinc. The vault of the vagina and its posterior wall, as far down as the disease extended, was also covered with a layer of zinc wool, and all was held in place by dry absorbent cotton, with which the entire vagina was neatly and snugly packed. Four days later this packing was removed, with the exception of a pledget or two of the zinc cotton high up in the cervical excavation. These could not be readily detached and so were allowed to remain. The slough caused by the zinc application was finally removed on the ninth day after cauterization. It came away in the shape of a complete cast of the dome of the vagina, containing in its arch the firmly impacted pieces of cotton which had been left behind. The slough was very thick and strong, and comparatively inodorous.

The highest point attained by the thermometer after the operation was 102° F., and the abdomen was tender and tympanitic for a few days only. Morphia hypodermically, the catheter, and the frequent irrigation of the vagina with warm carbolized water, was the only treatment employed up to this time. Now the catheter and morphia were dispensed with, quinia was ordered and the vaginal baths continued. By the end of October the patient was on her feet, and eight weeks after the operation she had gained nine and one-half pounds over her September weight. She is now quite well to all appearance, and is performing her daily duties as matron of one of our large charitable institutions. It cannot be doubted that the successful termination of this case, so far as the operation is concerned, was largely due to the faithfulness of her nurses. Too much praise cannot be accorded to the

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management of this department in the Rochester City Hospital, which is under the immediate supervision of a most competent trained nurse.

How long this patient will continue in good health it is, of course, impossible to predict. Her father and mother are both living, in advanced age and good health; while, on the other hand, an aunt and first cousin on her mother's side have both died with cancer. It is quite safe to assume that if the operation had not been made she would, ere this, have been forced to abandon her place, and, more than likely, she would also have succumbed to the disease.

The safety of the Sims operation is one of its strongest points. Hemorrhage, should it occur to any considerable extent, can assuredly be controlled if Sims' precautions are carefully observed.

In its simplicity this operation possesses another element of strength. No special training is required for its execution.

The village surgeon, who has made himself familiar with its details, is competent to perform it. This is a consideration of no small moment, since many of these sufferers are poor; and besides they, not infrequently, reside in the interior, away from railway centers, at points where the inconvenience and expense of obtaining a specialist, trained to the use of the cautery, (electro- or thermo-) would seem such formidable obstacle in the way of the operation as, oftentimes, to lead to its postponement beyond the period of safety, if not to put it out of mind altogether.

Some of the principles which, I am persuaded, should govern the surgical treatment of Epithelioma of the Cervix, may be concisely formulated as follows:—

1. There should be no delay in the adoption of prompt surgical interference as soon as the true nature of the malady becomes known to the medical advisor. The sooner the operation is made, the greater are the chances of success.

2. Great care should be exercised in the operation, lest some of the diseased portions are left behind. Total extirpation should be the aim, and it should be accomplished as nearly as the circumstances of the case will permit.

3. After removal of the diseased growth, the raw surfaces should be most thoroughly cauterized, to the extent that a slough of considerable depth be produced. The potential

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cautery is preferable for this purpose. If the actual cautery be used, Paquelin's should have the preference.

4. The frequent use of warm, antiseptic, vaginal irrigations constitutes a most essential part of the after-treatment, and, under no circumstances, must this important factor in the life-saving problem be neglected, or used with indifference.

5. The patient, after recovery, should be instructed to present herself for examination at short intervals, and, if the disease should re-appear, the sprouting granulations are to be promptly removed, and the freshened surface cauterized as before.

6. In cases well advanced in which there is no hope of ultimate relief, an operation may still be justified on the ground that it affords the best means of palliation.

7. The Sims mode of operating appears adapted to the largest number of cases, and, by reason of its simplicity, thoroughness, and greater safety, commends itself to the confidence of the general practitioner as well as the specialist.

Let me, in concluding, protect myself from misapprehension. In the presentation of this subject my object has been to allude to some of the surgical principles which should characterize the management of the malady, rather than to consume valuable time with the consideration of wearisome details, with which, I presume, most of you are familiar.

Finally, I have sought to encourage the early operation in all cases, believing that the proportion of recoveries from this cruel malady may, thereby, be largely increased. Even in utterly hopeless cases an operation may be demanded upon humanitarian grounds, with a view to euthanasia.

## *Discussion.*

DR. E. R. SQUIBB, of Brooklyn: Mr. President—I think it proper to allude here to a medical cure of these cancerous diseases of the uterus very much in vogue, and which has elicited very great attention, and that is by the internal administration of Chian turpentine. Dr. Clay, of Birmingham, England, advises the use of Chian turpentine in a particular form as a specific cure for cancerous diseases of the uterus, and its appendages. The subject attracted universal attention from the character of the authority recommending it, and all the Chian turpentine lying around in the shops of London was brought forth and used, and was used vigorously and with close observation. The upshot of the whole matter has been that in cancerous hospitals, on quite as good authority as that of the originator of the treatment, it was soon found to be useless. Lately very decisive action has been taken by the Middlesex Hospital. A resolution was introduced and passed by the faculty, that no

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more of this vaunted Chian turpentine should be used, because it had been proved worthless. I say this to save members from trying it; they might as well use Condurango, Mississquoi water, or mud. It is only necessary to get up an excitement in the treatment of cancer to allow anything to be tried. Any one with a hopeless disease is willing to try anything. Dr. Clay still considers he cures cases. The hospital people say they get the cases after he gets through with them. Now let us investigate this *success* of Dr. Clay, and compare it with Condurango, Mississquoi water, and mud, and all the other cancerous cures. It is very easily explained. Dr. Clay has a case of cancerous disease in a hopeless condition, and he promises the patient that he has a specific cure. The moral effect is that he gives the patient a hope, and any patient having this *hope* placed in her will be helped for the time being. The cancerous woman will do better, eat better, sleep better, after having this *hope* put in her, and the Chian turpentine seems to act simply by giving hope to the hopeless.

This Chian turpentine has a remarkable history. No real Chian turpentine ever reached this country, there wasn't enough of it, and therefore the successful results in this country must have been from a spurious article. The inference is, that a spurious article is just as good as the real, if we base its use on the ground of giving hope to the hopeless.

DR. J. B. GRAVES: Mr. President—I have used what purported to be Chian turpentine, and, so far as my experience goes, which is some four or five cases, I have found it to be perfectly worthless.

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## XVIII. A CASE OF CICATRICIAL CONTRACTION OF THE THUMB AND FINGERS, AND OF THE PALM OF THE HAND, RESULTING FROM A BURN.

BY ALFRED C. POST, M. D., LL.D., of New York.

Emily Louisa Barnum, eight years of age, presented herself at my clinic in the medical department of the University of the City of New York, December 11, 1880, with the following history:—At the age of two years she fell with the palm of her hand resting on a hot stove, by which the integument of the hand was severely burned. After the separation of the sloughs the sore was slow in healing, and no efficient means were employed to guard against deformity. The consequence was that the thumb and fingers were drawn toward the palm of the hand, and their motions were very much restrained. When she came under my observation the hand was bent somewhat backward at the wrist. The palmar surface was occupied by dense cicatricial bands passing off to the thumb and fingers, and fixing the fingers in a bent position, at the metacarpo-phalangeal articulations, at an angle of about 110°. They could not be extended beyond this angle, but the flexion

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could be increased. The cicatricial band passing to the middle finger was more dense than the others. The next in density was that passing to the little finger. The index and middle fingers were joined together by a dense cicatricial web, extending from the normal situation of the commissure, half way to the articulations of the first and second phalanges with each other. On December 11th, I had the patient etherized, and operated by making transverse incisions through the cicatricial bands, throughout their whole breadth and thickness. Four parallel incisions were made through the band which passed to the middle finger, three to that which passed to the little finger, and two through each of the bands passing to the thumb and to the index and ring fingers. After these incisions had been made, the hand could be unfolded, and the thumb and fingers fully extended. The wounds were then washed with a solution of carbolic acid, 1 to 40, and a felt splint stiffened with shellac was moulded to the dorsal surface of the forearm, hand and fingers, separate divisions of the splint being adapted to the thumb and to each of the fingers. The different parts of the limb were secured to the splint by strips of adhesive plaster and a roller-bandage. The patient was then sent to the Presbyterian Hospital for further treatment. At the next dressing narrow strips of hoop-iron were attached to the digital portions of the splint, extending along their dorsal surfaces, and continuing up the dorsal surface to the hand and forearm, more than half way from the wrist to the elbow, being firmly secured to the felt splint by strips of adhesive plaster. The object of these bands of iron was to resist the tendency of the flexor muscles to bend the felt splint, and with it the fingers. The dressings were repeated at intervals of two days, the wounds being washed at each dressing with carbolic acid, 1 to 40. Passive motion was also freely resorted to, the whole hand, and each joint of the thumb and of each finger being alternately flexed and extended. These movements, especially those of flexion, were quite painful to the patient. But the pain was transient, ceasing almost immediately when the movements were discontinued. As the wounds granulated, nitrate of silver was applied, as soon as the granulations became exuberant. Care was also taken to restrain the growth of granulations by compressing them with strips of adhesive plaster.



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On January 17th, 1881, the wounds having all healed, I made a free division of the cicatricial web uniting the index and middle fingers, extending the incision both on the dorsal and palmar surfaces, a little further up the hand than the commissures of the other fingers. After the oozing of blood had ceased I applied narrow strips of adhesive plaster around each of the separated fingers, crowding them closely up to the newly formed commissure. The process was repeated at each dressing, and a free application of nitrate of silver was made to keep down the growth of granulations which might have reproduced the web. The consequence has been that the two fingers have almost completely cicatrized, and the space between them has not been encroached upon. On January 21st the portion of the splint supporting the thumb was cut away, so that the thumb was left at liberty, and the patient was directed to give it as much exercise as she conveniently could.

On January 28th the portion of the splint supporting the little finger was in like manner removed, and similar directions were given with regard to the exercise of this member. In a few days I propose to remove the splint altogether. The cure of the case is virtually complete. The fingers are fully extended, and there is no trace remaining of the cicatricial bands by which they were drawn into a flexed position.

NOTE.—On February 4th, two days after presenting the case to the State Medical Society, I removed the splint, and directed the patient to exercise all the fingers as freely as she could.

## *Discussion.*

Dr. ARTHUR MATHEWSON, of Brooklyn: Mr. President—It seems to me that the method suggested yesterday for the relief of contraction from burns of the face and eyelids would be equally applicable here, that is, the transplanting of pieces of flexible skin from the inner surfaces of the fore or upper arm, and that satisfactory results might thus be obtained with more ease and certainty. If pieces of skin measuring three inches by one and a half inches (76 by 38 mm.) can be successfully transplanted for the relief of ectropion as shown in repeated instances, we may hope that the smaller pieces required in cases like that of Prof. Post would be transplanted with success, and it seems to me very desirable that surgeons having similar cases to deal with should try the method and report upon results.

Dr. A. VANDERVEER, of Albany: Mr. President—I have had excellent results in three cases of burns, resulting in cicatricial deformity, in bringing up portions of the skin and filling in the space left from loosening up the sides and adhesions well, leaving the pedicle so it would adhere, and the result has been satisfactory. In a

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case I had similar to Dr. Post's, after getting a very good motion of the fingers and believing the case had about recovered, a keloid growth made its appearence and very seriously injured the result. I wish doctors having had experience in dividing that growth would speak about it.

Dr. A. C. POST, of New York: Mr. President—I have not had such a case. I reported many years ago to the New York Medical Journal Association one of the most remarkable cases on record, in which a child at the age of ten months had burned the back of its hand and forearm. It came under my care at the age of two years. The hand was bent backward to such a degree that the dorsal surface of the hand throughout nearly its whole extent adhered firmly to the dorsal surface of the forearm. I dissected the hand from the forearm, and brought it into a position of anterior flexion, confining it to a splint with adhesive plaster and bandages. The dressings were frequently changed, passive motion was freely employed, and at the end of eight months the enormous raw surface was covered with a soft and healthy cicatrix. The motions of the hand and fingers were restored, and there has been no disposition to a return of the contraction. About twenty years have elapsed since the operation, and the extensive cicatricial integument has remained soft and pliable. The patient has such entire control of the movement of the hand and fingers, that she can play skillfully on a piano.

From the case above detailed, and from others which have come under my care, I am fully persuaded that, contrary to what has been commonly taught on this subject, the deformities arising from cicatricial contraction can be completely overcome, so that there will be no disposition to a return of the contraction. But to accomplish this result, the treatment must be thorough and long continued. No halfway measures will be followed by such a successful issue.

Dr. J. P. CREVELING, of Auburn: Mr. President—I have been much interested in Dr. Post's remarks. Such cases are quite frequent, and therefore the subject is important. I have treated a number of similar cases where the cicatricial tissue was quite deep and firm by multiple subcutaneous divisions and extension, with almost entire relief of the deformity. By this method an external sore is avoided.

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## XIX. THE HYSTERO-NEUROSIS OF THE STOMACH IN PREGNANCY AND ITS MANAGEMENT.

BY JNO. S. WARREN, M. D., Physician to Department of Diseases of Women in Demilt Dispensary, New York.

The tendency of modern therapeutics is to constantly seek specifics for diseased conditions.

One of the results of this search, is the frequent announcement of such specifics, founded upon insufficient experience, and, hence, followed by disappointment.

The reason that this disposition exists, is probably not only on account of our increased knowledge derived from pathological study, whereby we learn ætiology of disease; upon the development of chemical science and the consequent pro-

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duction of new remedial agents; upon physiological investigations as to the action of medicines; but especially because some of our most valuable remedies have come to us empirically.

The subject which I have selected for your consideration—"The Hystero-Neurosis of the Stomach in Pregnancy"—so commonplace, and, it may be, uninteresting, has appeared to me to especially illustrate the folly of this continued search for specific medication.

The whole range of remedies has again and again been reviewed for this purpose; and scarcely a week or month passes without hearing that the discovery has been made, only to be followed by inevitable inefficiency and merited neglect.

The vomiting of pregnancy has not, heretofore, received the consideration from the friends and physicians that it deserves. Too long the custom has been with the former to make the pregnant woman believe that in her condition all things are possible; and with the latter, that unless the trial of a few routine medicines relieve her distress, she must patiently await the period of quickening for the abatement of her sufferings.

Too long has this aggravating and often dangerous disease—both to the mother and child in utero—been treated upon the supposition that an engorged uterus was its sole and only cause, and not as a disturbance capable of being produced, or at least greatly increased, by the functional or organic derangement of other organs.

A pretty large experience with women suffering from this complaint, during the past five years in the Female Department of Demilt Dispensary, and including several hundred patients, as well as in private practice, has led me to believe that much of the ill success that has attended the treatment of this disease has been due, often to the careless and empirical way in which it has been managed; and without attempting in each individual case, to make a correct diagnosis of the cause of the stomach irritation, or to distinguish between the vomiting *of* pregnancy, and the vomiting *in* pregnancy.

Trouseau says "that to cure, and when that cannot be done, to alleviate the suffering of patients is the object of medicine; and while treatment is dependent upon the experience, talent and tact of the physician, it is still more subordinate to the nature of the disease, which he wishes to cure,

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to particular conditions under which the disease exists, to the peculiarities of the organization of the patient, a knowledge of the symptoms and a proper understanding of their causes and natural history."

Without further premise, I will say that in the management of the vomiting of pregnancy, I believe it is absolutely essential to ascertain at the onset, if possible, whether the symptom is due purely to the sympathetic disturbance proceeding from a congested uterus; or is dependent upon other causes and disorders of other organs, each capable of producing the same symptoms at other times than during pregnancy, and to which, if our early attention is directed and the proper treatment applied, the gastric trouble will be much lessened, if not entirely abated.

Among the first of these, and not the least important, is the effect which the emotional or hysterical element may produce at this time.

In some people, if not in all, emotion in some form or other connects itself with every thought, word and action; giving at one time zest to existence, at another, depressing even the simplest of our powers. The stomach is known to be most intimately connected with morbid emotions; so that the function of digestion may not only be arrested and vomiting occur, but that symptom may happen even when the stomach is empty, if distressing or unpleasant thoughts are present to excite it.

Dr. Greenhalgh (*London Lancet*, 1868,) says "that the form of vomiting, which but few pregnant women escape, occurring very early in pregnancy, the appetite being unimpaired, is characterized by the ejection in the morning of a little glairy mucus tinged with bile, in which there is no evidence of indigested food. This form occurs most frequently and severely in those who are of a nervous and hysterical temperament and who have suffered before from some uterine ailment. It also more frequently affects the rich than the poor, owing, probably, to the more highly attuned state of the nervous system and greater mental activity in the former."

In such cases it seems that vomiting is but a symptom of that morbid irritability which is so common in females; that depends upon the impressibility of their nervous organization, which is set wrong by any slight derangement of the

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general health. Cannot the vomiting in the sympathetic husband at this time, be attributed to emotional causes?

Again may be mentioned as powerful agents in exciting this trouble, all those conditions that help to increase the natural uterine engorgement; whether it is the uterus prolapsed and crowded into the bony pelvis by reason of previous subinvolution; a sharp ante- or retroflexion, a lacerated cervix or eroded os uteri, an undue tension of the muscular fibres of the neck, fibroid tumor or an obstinate constipation. Any of these conditions are capable, in women, of not only seriously disordering the digestive functions at any other time, but even of producing the symptom of nausea and vomiting; and may in many cases, if complicating the reflex irritation following conception, both greatly increase its severity, and at times render it intractable. Corroborative of this, many cases and reliable authorities might be quoted if necessary.

Even Bennet asserted in his ardent writing upon uterine inflammation, that in his so called "ulceration," existed the *keystone* of the diseases of the pregnant state, especially in those cases of obstinate vomiting which sometimes defied all medicinal treatment, and advised the local application of the solid nitrate of silver for a certain cure. But a more eminent authority is Dr. Marion Sims, who not long since has detailed (*London Lancet*,) several extreme and hopeless cases which yielded at last to the same application applied to the eroded os.

Dr. Graily Hewitt too soon decided that *all* cases of this disease had for their cause a forward flexion of the uterus. Still we all know that this displacement is not infrequently a complication which, if relieved, gives the stomach rest, and enables digestion to go on.

At times, too, a slight expansion of the cervical canal, by Copeman's method, has proved to be the only, and a very positive remedy, for arresting the distress.

Again I will refer to the influence exerted by the derangement of other organs of the body in inducing this disease, whether existing prior to, or occurring with, the commencement of gestation.

And for this purpose I can do no better than to briefly refer to a remarkably terse and suggestive paper, read by Dr. Robert Barnes, of London, before the American Gynecological

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Society in 1876, and published in the first volume of its Transactions, wherein he speaks of the many and important changes which happen to the female economy during the process of gestation; notably referring to "the extraordinary activity of the lymphatics manifested by the rapid absorption of fat, and the marked changes that take place in the glandular system, especially in the thyroid, spleen, liver, and kidneys." What exact importance the disorder of the first two mentioned may possibly be to the disease in question, we are not prepared to positively assert. But the influence of the two last named, the liver and kidneys, whether their disorder is functional or organic, alone or complicated with other conditions, are too important to be overlooked. And all eminent gynecologists of the present day are ever ready to emphasize the necessity, in the treatment of all uterine disease, of keeping them in their proper functional activity.

In the latter months of pregnancy, albuminuria may sometimes exist without the usual signs of its presence, as dropsy, headache, disordered vision, &c., and may be the cause of vomiting, as cases on record will attest. Here too, the friends, and physician even, may be disposed to attribute it to a sympathetic disturbance, especially if the sickness has occurred in the earlier months and has once ceased. So insidious may be its progress, that it is not until dangerous or perhaps fatal symptoms appear that the true disease is manifest. In this peroid of gestation, the possibility of the existence of this form of nephritis, without the commoner manifestations, should not be lost sight of, but frequent and repeated examinations of the urine should be made.

Without further detail of causes which may contribute to, or directly produce this symptom, even when at first it may appear to be reflex, I will only briefly relate two cases which have recently occurred in my private practice, and during the preparation of this paper.

The first, a young married lady, who had borne one child several years ago, and who had since menstruated regularly, came to me fearful that she might again be pregnant. She had passed nearly two months without being unwell.

Although I had known her for many years to be in good health, she was at this time somewhat anæmic and debilitated. Her symptoms were those of general prostration, with nausea and vomiting of food during the day.

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At first, thinking that the latter symptom was significant of pregnancy, I asked about her previous experience, and she informed me that she had suffered considerably from vomiting with her first child; but she remarked, "I always become sick at the stomach when I am fatigued or do any laborious work."

Doubtful as to her condition, but simply putting her upon tonic treatment, her menstrual period again appeared naturally, and she has since continued to improve in health.

Another case was in a lady of high respectability and good connections, who had been several times pregnant, and who, after six weeks' suppression, became violently sick and vomited incessantly.

At this time she informed me that a small quantity of brandy was the only thing her stomach would retain. This I directed her to stop using, and after ordering the bromide of sodium in full doses, to be followed by a remedy which I shall later mention, I left her until the next day, when I found her condition greatly improved. In a few days, being again summoned, she told me that her vomiting was as bad as ever. Again interdicting the use of brandy, which I suspected she was in the habit of taking, and which suspicion was confirmed by the advice of a lady friend, her complaint ceased; although afterwards she succeeded, through efforts on her part, in producing an abortion.

These two cases illustrate the last and only causes of this neurosis which I shall enumerate. The former, showing the influence of physical effort in the production of stomach trouble; the latter, exhibiting the effect of over stimulation by the use of alcohol in bringing about the same results. The one common, the other less frequent, but highly important, and exceedingly difficult to deal with, particularly if the patient be a gentlewoman; for she will never acknowledge her weakness until recurrent attacks render it patent, as women are much more secretive in the indulgence of the habit than men.

And now, if sufficient evidence has been offered to show that this disease has many and varied influences aside from pregnancy, capable of producing or complicating it, does it not deserve the same attention when demanding treatment as other diseases or symptoms? I claim that it does. And that its suc-

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cessful management must always be dependent upon the correct diagnosis of its cause, whether simply reflex in character or due to many other conditions or diseases, a few of which I have mentioned.

The treatment, then, of the vomiting in pregnancy resolves itself into the correction of all disturbances, functional or organic, as far as possible, which are known to excite dyspeptic symptoms, before a simple irritation becomes a confirmed gastritis and the stomach refuses to receive the remedies most appropriate to relieve the original trouble.

Among these, oftener than any other, the emotional element and a constipated habit with its attendant flatulence and other discomforts, accompany the pregnant state and should receive early and prompt attention.

For the relief of the former, no remedies equal in efficiency at this time, the bromides of sodium and potassium exhibited in full doses; and here it may not be amiss to state, that in order to secure their *full effect* these medicines must be administered at the proper time, generally late in the day or at bed-time and when the stomach is empty.

The constipation can be overcome by any simple laxative, as Compound Liquorice Powder, or any other harmless medicine or formula, or, if obstinate, copious and repeated enemata of tepid water will unload the rectum of the hardened fæces or scybala which so frequently occur in women.

Finally, when all other causes are excluded, the constipation relieved and the emotional element controlled, and when we come to consider the purely sympathetic disorder following conception; in short, when we have to deal with the uncommon vomiting, due simply, and solely as far as we can see, to the impregnation of a healthy uterus in a healthy woman, I have found many of the remedies which have been called specific to sometimes relieve, but oftener to fail.

But the one remedy which in my hands has before all others proven the most efficient for alleviating the distress, if not for curing the complaint, is Fowler's Solution of Arsenic, administered in drop-doses upon an empty stomach. When thus given, and with a restricted diet, it has seemed to me to come nearer a specific for this neurosis than any other. Indeed, the effect is at times almost magical, and when continued for a considerable period, and given in larger doses when

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the stomach contains food, affords, in my opinion, a nerve tonic highly essential to women in pregnancy, and which no other remedy can equal or approach.

Frequently, however, after its continuance for a considerable time, benefit comes from suspending its use and substituting the Nitro-Muriatic acid with Tincture of Nux Vomica, particularly if there be any inactivity of the liver or kidneys, or if anorexia exists.

In conclusion, every pregnant woman, and especially those suffering from vomiting, should be placed under the best possible hygienic conditions, the diet carefully regulated, sufficient exercise enjoined, and, above all, the mind should be actively employed.

## *Discussion.*

DR. WM. S. ELY, of Rochester: Mr. President—In regard to the condition to which allusion has been made by Dr. Warren, I desire to say that I have found the state of the stomach has at times confirmed the suspicion of pregnancy in its very early stages. It occasionally happens that peculiar appetites are developed which the patient experiences only after conception. I recall one case in which there was a craving for water-closet paper, coincident with the first few weeks of pregnancy. A large amount of this paper was chewed and swallowed. Another woman knew she was pregnant before it could be determined by physical signs, because she had a fondness for lemons, which at other times were distasteful.

With respect to the treatment of the vomiting of pregnancy in uncomplicated cases, my directions to those suffering so much as to require advice, are, to eat at all times in small quantities, to steal a march, so to speak, on the stomach, to go to bed with crackers under their pillow, or milk by their bedside; to disregard meal hours entirely. In this way their nutrition can usually be maintained through the duration of this symptom.

DR. A. C. POST, of New York: Mr. President—I would say that I have had occasion to treat this vomiting in pregnancy, and have adopted the opposite course, that is, to forbid absolutely the introduction of food into the stomach. I say in that treatment lies the best chance of success. Several years ago I was treating a young married lady, who had nursed an infant beyond the usual term, and I had no occasion at that time to suspect she was pregnant. Her child was fifteen or sixteen months old, and she was exhausted by prolonged lactation. I found no food or stimulants would be retained on her stomach. She had not menstruated since the birth of her first child. I found every effort to sustain her by the stomach failed. She was restricted from taking any food or drink, but I directed three ounces (90 cc.) of warm milk with ten grains (gm. 0.65.) of pepsin to be introduced into the rectum once in three hours, and no other remedy was used. At the end of three weeks the nausea ceased, and she was enabled to take food in the ordinary way. She went on to the end of pregnancy and gave birth to a child weighing eight pounds, (3.63 kilos.) net. She nursed that child the usual time and was in good health.

During the last summer I was called to see a young married lady suffering from vomiting in pregnancy. She was nervous and her stomach extremely irritable. I

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recommended the attending physician to pursue the same course, and the absolute abstinence of food from the stomach was continued for a fortnight. In addition to that, in this instance, a blister was applied over the epigastric region, and a finger was introduced into the os uteri, to the depth of half an inch, with a boring motion, the finger being smeared with belladonna ointment. That was repeated three times at intervals of two days. At the end of the fortnight she was enabled to retain food. She has now passed from my observation, but she is enjoying good health. I think that the treatment by rectal alimentation affords the best chance of success in these cases. The stomach, when irritated, like any other organ, requires to rest for a time. I think the profession generally does not estimate at its full value the benefit to be derived from the introduction of food into the rectum for sustenance, when the stomach refuses to perform its appropriate functions.

DR. W. W. POTTER, of Batavia: Mr. President—This question of feeding by the rectum in connection with obstinate and uncontrollable pregnancy-vomiting, is an interesting and important one, and I ask a moment to renew some recommendations I have heretofore made on this subject. That rectal alimentation will meet with opposition from weak or ignorant minds is to be expected, but I submit that no intelligent physician should be guilty of torturing one of these stomachs with food or medicine; and I am most happy to find myself supported in these views by an observer of such acknowledged eminence, ability and caution as Dr. Post.

In these extreme conditions of pregnancy-vomiting, absolute and unconditional stomachal rest, for a considerable period, becomes a therapeutical factor of prime import; the stomach must be denied all food, medicine and water, since even the latter will, oftentimes, provoke irreparable mischief. The patient must receive food, medicine and water, per rectum, until the stomach has been sufficiently rested to justify the belief that the assimilative process has been, at least, partially restored; and, finally, when buccal ingestion is resumed, it must be done under the greatest precautions, and the blandest aliments only should be allowed.

There must be, however, all kinds, conditions and degrees of these hystero-neuroses to deal with, since Dr. Ely, on the one hand, succeeds by stuffing the stomachs with food at all times of day and night, while Dr. Post and others pursue an opposite course with their patients, securing equally good results. The truth is, I suspect, both are right. The cramming process may answer in moderately severe cases, while Dr. Post's method is the only avenue available in those extreme cases where life is threatened.

A careful study of the symptoms surrounding each particular case as it is presented for treatment, will lead the observer to adopt the plan best calculated to yield good results.

DR. WM. WOODWARD, of Big Flats: Mr. President—In several cases of persistent vomiting, I have given oxalate of cerium in doses of two grains (gm. 0.13) which effectually relieved that ailment.

DR. R. H. SABIN, of West Troy: Mr. President—I have found great relief in the vomiting of pregnancy with the following:

| | | |
|---|---|---|
| Rad. Colombo, | | |
| Rad Ginger, | aa, ½ ounce, | 4 |
| Fol. Senna, | 1 drachm, | 1 |
| Boiling water, | 1 pint, | 128 |

Make an infusion. Dose, wine-glassful before each meal. I have tried several other things for this difficulty, but like this the best.

DR. H. B. OSBORNE, of Sherman: Mr. President—I feel that we are indebted to Dr. Warren for his paper, from the fact that country physicians and young physi-

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cians lay too much stress on the hysterical element governing the vomiting of pregnancy, and on its coming entirely from a sympathetic uterine cause, leaving out other causes, viz: retroflexion, acute albuminuria, etc., and the arising nervous elements which govern or follow it. I know we have laid a great deal of stress on the beneficial effect of oxalate of cerium, minim doses of fluid extract of ipecac and tincture nux vomica, which have all failed in certain cases in my hands, and I believe this to be the experience of every one.

I recollect a case of vomiting in pregnancy that was carried to such an extent that I feared that death would be the result. On a careful examination I found a retroflexed uterus which was safely reposited, and thence on, the case did remarkably well; also one of albuminuria.

Another case I had where, I think, there was a neurosis entirely causing the vomiting. The patient became insane and sleepless, retaining nothing on the stomach. She would forcibly expel everything, no matter how small the quantity might be, that was introduced into the rectum, and finally I suggested that we bring about labor by the use of the vaginal douche. We placed her on the bed with hips resting on the edge, and placed an oil-cloth beneath her to conduct the water into the vessel, and began the use of the water. The temperature was at first 100° and I gradually raised it to 110°F. After using the douche a few moments she went to sleep. It was the first sleep she had had for over forty-eight hours. I ceased using the water and allowed her to rest. On waking, her mind was tranquil and vomiting ceased. That ended the trouble, and she progressed favorably to the end of her pregnancy. I think we have no one remedy on which we can safely rely. Neither can we rely on "breech-loading" in the use of nourishment when not well borne by the stomach. We must rely on our own knowledge and judgment in each individual case.

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## XX. INTRA-PARIETAL HERNIA.

BY GEORGE F. SHRADY, M. D., of New York, Surgeon to the Presbyterian and the St. Francis Hospitals, New York.

The following case of intermuscular or intra-parietal hernia is not only interesting on account of its rarity, but also from a clinical point of view.

The patient was a Scotchman, fifty-four years of age, whose left testicle had not descended until he was twenty-two years of age. When four years old he fell over an embankment, since which time he dated the occurrence of a hernia in the left groin. After the descent of the testicle the hernia appeared in the scrotum also. During the greater part of his life he had worn a truss and suffered no more than the ordinary inconveniences attending a reducible inguino-scrotal hernia. About one year ago he had difficulty in returning the hernial contents, and suffered from temporary strangulation. On the 4th of last December, while waiting upon a customer, the hernia came down, and the patient was unable to reduce it as

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formerly. Symptoms of strangulation soon after appeared, and Dr. F. W. O'Brien, of Harlem, was summoned. Failing in accomplishing the desired result by taxis, Dr. O'Brien advised an immediate operation. The patient would not consent to this measure, and determined to trust to the chances of his own efforts.

Four days afterward Dr. M. J. Roberts was called in to see the case, and also proposed an operation. The patient consented to have taxis tried under ether, but exacted a promise from Dr. Roberts that no cutting operation should be performed. The patient awoke from the anæsthetic with the strangulation unreduced. The following day I was called upon to perform herniotomy. The patient was at that time in the fifth day of strangulation, had an anxious expression, feeble, thready pulse, cool surface, and was constantly vomiting stercoraceous material. The hernia was situated on the left side, and presented some striking clinical features. The swelling, which was equal in size to a largely distended colon, extended continuously from above the anterior superior spine of the ilium to the fundus of the scrotum. The overlying tissues were tense, particularly those of the scrotum, and there was considerable tenderness over the external abdominal ring. The unusual situation and the peculiar shape of the tumor suggested, at first, the possibility of reduction *en masse*. The existence of such a condition was, however, disproven by a careful examination, and by the assertion of the patient that the swelling had been there as long as he could remember, and that it was almost invariably larger after a hernia in the scrotum had been reduced.

Percussion gave superficial intestinal resonance throughout the entire extent of the tumor. Inasmuch as the swelling extended above the line of the internal ring, contained intestine, and was apparently situated in the substance of the abdominal walls, the diagnosis of intra-parietal hernia was made. The existence of the supplementary sac was believed to be due either to a previous rupture laterally of some portion of the vaginal process of the peritoneum, and the subsequent formation of a cyst around the escaped intestine, or to a true diverticulum of the peritoneum. It was proposed to cut down in the usual situation, over the external ring, divide the stricture wherever it might be, and, if possible, reduce the con-

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tents of both sacs. But the patient again refused the operation. This was on Thursday. On the following Sunday, by request of one of the patient's family, Dr. O'Brien called Dr. Ripley in consultation. That gentleman, recognizing the urgency of the symptoms, advised immediate operation, but to no effect. To my surprise I learned that the patient was still alive on the eleventh day after the commencement of symptoms of strangulation, and that he had finally consented to an operation. He had been in the meanwhile very much reduced by constant vomiting. When I saw him at that time, in company with Drs. O'Brien, Roberts, and John Shrady, he was evidently fast sinking, and it was decided not to take the chances of the patient dying during an operation. The site of the hernia was infiltrated, ecchymosed, and œdematous. This condition was assumed to be due to sloughing of the strangulated gut, and the discharge of its contents into the surrounding areolar tissue. The patient died shortly after my visit.

The autopsy was made the day following, by Dr. W. H. Porter, who verified the diagnosis which had been made before death. The tissues of both the groin and scrotum were immensely thickened by fecal infiltration and resulting inflammatory processes. At the seat of constriction, which was the external ring, the walls of the gut had sloughed entirely through on one side and partially through on the other, allowing the escape of fecal fluids into the adjacent tissues. The hernia was of the congenital variety, the sac being formed by the vaginal process of the peritoneum. Continuous with this sac, was a diverticulum of peritoneum, seven inches long, (17.6 ctm.) extending from the inguinal canal upwards above the anterior superior spine of ilium and between the external and internal oblique muscles. The diverticular sac contained several knuckles of ileum, which had found their way thither through the enormously enlarged internal ring.

As previously stated, this form of hernia is rare. So far as can be learned from the meagre literature upon the subject (as contributed by Birkett, Bryant, Kiebs, Hartung and Lenhart), intra-parietal hernia is associated with the congenital variety, and is probably due to the existence of a congenital diverticulum of peritoneum in the inguinal canal. In this particular instance, the left testicle remaining in the inguinal

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canal until the twenty-second year may have been an important factor, if not in the actual production of the diverticulum, at least in its early development. It is quite probable that the hernia produced at four years of age was in the diverticulum, the undescended testicle virtually plugging up the inguinal canal. Up to the time of the descent of the testicle the intra-parietal sac was being constantly stretched, as was also the internal ring. When the testicle descended, the vaginal process of the peritoneum remained open, and, of course, formed the sac for the congenital hernia.

The clinical features in this case are of great importance. The principal interest centers in the possibility of making a correct diagnosis. In the present instance this was not difficult, owing to the history of the case and the general appearance of the swelling.

The tumor was of long standing; it extended external to and above the internal ring; it contained intestine, and was quite superficial. The treatment in case of strangulation would, as in the present instance, involve the consideration of possible stricture either at the external or internal ring, or within the diverticulum itself. If by any chance a diagnosis of the condition of the parts is not made in such cases, it is easy to understand how a herniotomy for strangulation might result in confusion to the operator, and in his possible failure to save the patient's life.

## *Discussion.*

DR. H. JEWETT, of Canandaigua: Mr. President—In my early practice, before the use of chloroform, I was called to operate for strangulated femoral hernia. The patient had hiccough, stercoraceous vomiting, and all the indications of speedy dissolution. I declined to operate, as the case would soon terminate by death. At the solicitation of the friends of the patient, I performed the operation and left the patient to die. After forty-eight hours, feculent matter, together with a large lumbricoid worm, appeared at the place of operation. The contents of the bowels were discharged at the place of the wound for about six months, during which time, with the aid of injections, the external discharge gradually diminished, and at length entirely ceased. The contents of the bowels passed by the anus, and the patient enjoyed uninterrupted health for thirty years.

DR. A. C. POST, of New York: Mr. President—I have never met a case resembling in character the case described by Dr. Shrady. It seems to me to be a complication of inguinal and ventral hernia. The projection at the upper part would bring it under the name of ventral hernia. It is well known that ventral hernia above the umbilicus occurs almost exclusively in the course of the linea alba.

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Ventral hernia below the umbilicus is comparatively rare, and when it does occur, instead of being found in the median line, it occurs in the neighborhood of the linea semilunaris of one or the other side. When it is traumatic in its origin, it may occur in any part of the muscular or aponeurotic parietes of the abdomen.

A very remarkable case of traumatic ventral hernia occurred in the New York Hospital which may be interesting in this connection. A woman was received into the hospital who had been wounded in the abdomen with a shoemaker's knife in the hand of her husband. The wound had been neatly closed with sutures before the patient was brought to the hospital. Symptoms of intestinal obstruction supervened, and the patient died. On post mortem examination it was found that a fatal error had been committed in the closure of the wound, the sutures having included the skin and the subjacent adipose tissue, while the wound in the aponeurotic wall of the abdomen had been left open, giving exit to a portion of intestine, which had been strangulated to such a degree that it had lost its vitality.

DR. A. VANDERVEER, of Albany: Mr. President—I think we all feel very much obliged to Dr. Shrady for his report in this case. It is one of unusual interest and I do not remember a case like it. I personally feel obliged to him for his introduction of the paper.

DR. ALFRED MERCER, of Syracuse: Mr. President—In this connection I might mention a case of hernia very dissimilar in its nature. A young lady had an abscess in the lower part of the abdominal walls by which the walls became weakened apparently, but nothing serious came of it until one Sunday evening while engaged in a frolic the walls of the abdomen gave way and she fell seriously ill immediately. A physician was called and he found six or eight inches (15 to 20 ctm.) of the small intestines protruding through the walls of the abdomen. I was summoned in consultation, and we found it difficult to return the gut into the abdominal cavity without enlarging the opening. The opening was enlarged, the intestine restored, and the patient made a rapid and satisfactory recovery.

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## XXI. THE EXOSTOSES OF THE FRONTAL SINUSES.

BY H. KNAPP, M. D., of New York.

Mr. President and Gentlemen:—I thought I might not inappropriately introduce to your consideration an affection which is as rare as it is important, and I might, perhaps, have some claims on your kind attention in as much as only one of all the cases on record that I could compile has been reported by an American, namely, the present speaker. Furthermore, the affection, if left alone, becomes as Paget says, "horrible by pressure of the tumors into the cavities of both the cranium and the orbit, compressing the brain, and protruding one or both eyes;" if attacked by instruments—and to any other than operative treatment they are inaccessible—the results have been most discouraging, for all the cases have terminated

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fatally with the exception of two, the one of Prof. Dolbeau, of Paris, in 1867, and the other of your humble servant, in 1880.

Specimens of osseous tumors have not infrequently been found in the frontal sinuses, and are preserved in almost all the larger anatomical museums. Anatomists have accidentally discovered them as small, roundish tumors, mostly of ivory consistence, covered by the lining membrane of the sinus, i. e., the periosteum and the mucosa. They were connected with the bony wall of the sinuses mostly only by a small pedicle, easily detached from their basis. The small tumors gave rise to no symptoms, and their presence was unknown during the life of the patient. Growing steadily, these tumors fill the whole sinus without forming further bony connections, then in their progress they pierce the walls and penetrate into the neighboring cavities. They first reveal their presence by an indolent, immovable swelling in the upper, inner corner of the orbit. They are painless to the touch, hard as stone in most parts, especially at the periphery, somewhat yielding in some places, mostly the center, which is due to a thicker layer of periosteal covering in these places, in some specimens also to a depression in the tumor leading into a canal or cavity of cancellous tissue. In their onward march they extend along the roof of the orbit toward the temple, push the eyeball downward, forward and outward. At the same time they extend into the nasal passages and along the inner wall of the orbit, having partially or totally absorbed the os planum. Further they extend forward, destroying the outer table of the frontal bone, and projecting as round elevations over the brow and in the center of the forehead. The upper lid hangs inert over the protruding eyeball, covering it but imperfectly, is dark-bluish red, and traversed by many dilated veins. The eyeball is irritated by exposure; there is constant and very annoying lachrymation, and ulcers, and sloughing of the cornea; panophthalmitis and phthisis bulbi ensue. Lastly they extend through the partition wall into the frontal sinus of the other side, and, through the roof of the orbit and the posterior upper walls of the sinuses, into the cranial cavity. The cerebral symptoms are at first a certain depression of spirits, intellectual lassitude, and displeasure for mental exertion; then periodic, and in latter stages more or less constant headache, but neither convulsions nor paralytic affections.



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*Pathology.*—The osseous tumors of the frontal sinuses are mostly of the *ivory variety*, forming one mass of exceedingly dense compact bone substance, (exostosis eburnea,) which in its chemical composition does not differ from other bone. Microscopically they show a concentric or irregular arrangement of the bone corpuscles, with a scantiness or absence of Haversian canals. Some specimens were found to be cancellous in the interior with a hard bone shell around.

The presence of cartilage seems to rest more on theoretical suppositions (Rockitansky,) than actual occurrence, for in none of the specimens accurately examined have I found it mentioned. As to the origin of these growths they all seem to start from the periosteum, which, according to Sappey, (Dolbeau's Memoir, p. 35, see later,) is peculiarly predisposed to ossification. In their development they first grow toward the cavity of the sinus, which they fill more or less,—constituting good examples of what Virchow calls enostosis,—then they pierce the walls of the sinus, absorb the bone, and seem to have no great tendency to coalescing with their bony surroundings, an important feature in regard to their removal, (Socin's case making an exception, see further on.) The development of these tumors is slowly but steadily progressive, from the size of a pea (bony pearls) to three and four inches (7.6 and 10 ctms.) in diameter, in man. The museum of the College of Surgeons in London contains a specimen of an ivory exostosis from the forehead of an ox, measuring 8½ inches (21.6 ctms.) in diameter, and weighing upward of sixteen pounds, (7¼ kilos.) (Paget.) A specimen of the museum at Cambridge, (England,) depicted in Paget's Lectures on Surgical Pathology, p. 236, occupies one-half of one hemisphere, and projects considerably over the forehead, nose and eye.

Gentlemen, in order to gain a foundation for the prognosis and treatment of these tumors, allow me to sketch some of the representative cases.

I. Paget (l. c., p. 236, 237, 1851,) mentions three cases: The first in a girl of 20 years, showed exophthalmus, due to an osseous growth at the anterior, upper and inner part of the orbit. It had been regularly increasing for three years, producing severe pain in the eye, and about the side of the head and face. A portion of it was with great difficulty sawn off, but the pa-

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tient died with suppuration in the membranes of the anterior part of the cerebrum. The specimen is in the Museum of St. Bartholomew's Hospital.

II. "In a case described by Hilton in Guy's Hospital Reports, Vol. I, (l. c., p. 237) a great ivory-like mass clean sloughed away. The specimen is in the museum at Guy's."

III. "In a case by Mr. Lucas, a bony tumor at the edge of the orbit, after growing eight months, was exposed by an incision through the upper eye-lid. The wound did not heal; the tumor continued to grow; and, twelve months afterward, it became "carious" and was detached."

IV. In the year 1861, the present speaker opened his operative career at Heidelberg by the attempt to remove an osteoma situated in the inner-upper corner and along the roof of the orbit. The patient, a lad of 14 years, had first noticed it during an attack of erysipelatous swelling of the upper lid, causing considerable protrusion of the eye. The inflammatory swelling disappeared in two weeks, the eye-ball receded somewhat into its socket and the patient felt well for three months. Then another erysipelatous attack, which left the eye still more protruding. Then steady increase of the exophthalmus. Vision reduced to about one-sixth. At times moderate headache. Iodide of potassium had no effect.

The soft parts along the brow were incised down to the bone, the hard tumor freed of its periosteum in order to put a chain-saw around it, but its posterior limits could not be reached. Bone-scissors being of no avail, I sawed with Heine's osteotome a furrow into the ivory mass along the upper margin of the brow, and chiseled the part in front of it away, 30 mm. in length and 18 mm. in thickness. This exceedingly tedious procedure had lasted several hours and yet the apex of the orbit was 12 mm. deeper. The patient, who had been under the influence of chloroform only during the first part of the operation, at last complained of violent headache from the most gentle hammering. I could go no further with the operation.

The reaction was slight. Moderate suppuration set in. I prevented the periosteum and soft parts from reuniting with the tumor, hoping that the suppuration would lead to its exfoliation. Seven weeks the patient did well, then meningitis set in with very intense headache. In the eleventh week after

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the operation he died. The autopsy showed a moderate general thickening of the skull, and a round, nodular ivory exostosis the size of a goose-egg which filled part of the ethmoid cells, the left frontal sinus completely, the right partially, in two small places perforated the anterior table of the frontal bone, and very extensively the upper posterior table, occupying the whole left and a part of the right anterior cerebral fossa and nearly one-third of the left middle fossa. Its diameters were 59 mm., 56 mm. and 54 mm., respectively. It was covered everywhere by a thickened capsule of periosteum in which I was able to follow the mode of direct formation of bone from connective tissue.

There was extensive purulent meningitis, the cause of death. The case is described in detail in Graefe's Archiv, Vol. VIII, 1861.

Three further cases are described in the "*Mémoire sur les Exostoses du Sinus Frontal*" by M. Dolbeau, Professor of the Faculty of Medicine, of Paris, in 1871. It was read before the Academie de Médecine in 1866.

V. Roux tried to remove an exostosis of the right frontal sinus, but could not finish the operation, and the young girl died. Nélaton removed the tumor from the dead body, and deposited it with the museum of the Val-de-Grâce Hospital. It was presented to the Société anatomique by Weiss (Bulletin de la Soc. Anat., 1851,) and is described and depicted by Dolbeau (l. c.) pp. 18 and 19, and plate II, figs. 3 and 4.

VI. Broca stated 1851 (Dolbeau l. c., p. 6,) that lately M. Jobert made an unsuccessful attempt to remove an exostosis of the frontal bone with the trephine, which, on account of the extreme hardness of the mass, could not attack it. The result was fatal, and the specimen, in the Musée Dupuytren, is described and depicted by Dolbeau (l. c., p. 20, plate II. figs. 1 and 2).

VII. Dolbeau's patient was a young man who, for several years, showed an expansion of the right frontal sinus by a hard nodular tumor which pushed the eye outward and downward. Headache was present, but neither vomiting, convulsions nor paralysis. Dolbeau made first a vertical incision near and parallel with the median line, then a horizontal one along the upper orbital margin. The tumor had perforated the frontal bone. Dolbeau enlarged the opening, seized the

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tumor with bone forceps, a piece of it broke off and it was seen that it had a bony shell of ivory hardness, and cancellous vascular tissue in the interior. The remainder was removed with the forceps piece-meal, the last portion was detached from the septum of the sinus, which, in a small place, showed a rough surface, the base of the tumor. On smoothing this place with a rongeur, an artery (a. nutritiva) spouted, and had to be obliterated with a globule of wax. A pledget of lint was placed into the empty sinus, the flap of skin put in its proper place and covered with a wet compress. The operation was followed by swelling in the region of the wound, suppuration, from the fifth day, headache, and some delirium. From the sixth to the eighth day, the symptoms showed their greatest severity: intense headache, chiefly occipital, pallor of face, slight somnolence, and the pulse sank from 74 after the operation to 48 at the highest. From the ninth day gradual improvement. Thirty-three days after the operation the patient was discharged cured, and has remained so. The eyeball has not completely returned to its normal position.

There are three cases of the affection under consideration in recent German literature; two described by J. Arnold, of Heidelberg, Virch. Arch. Vol. LVII, p. 145, 1873, and the third in the Deutsch. Arch. f. Chir. Vol. IV, p. 486, in 1874, by Dr. Banga, of Zurich, now in Chicago.

VIII. The first case of Arnold has almost no history. "The pseudoplasm manifested itself by a small prominence at the inner end of the left brow, where there was a short fistulous ulcer secreting at times some thin pus." The left frontal sinus was completely filled with a tumor which had destroyed a part of its front wall, and the anterior half of the roof of the orbit. It was fixed on the posterior side of the sinus and slightly movable, nodular, and measured 4 cm. laterally, 3.5 cm. antero-posteriorly and 2.5 cm. vertically. The edges of the perforated bones were sharp, ragged, undoubtedly the result of the destruction by pressure on the part of the pseudoplasm. It is not stated what caused the death of the patient.

IX. Another remarkable case was that of a man of twenty-three years of age. The tumor had grown steadily for six years, and first made its appearance on the forehead, above the nose, then in the left orbit, pushing the eye aside. When

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operated on it presented a hard nodular mass, occupying the whole center of the forehead from the hair to the middle third of the nose, and filled the greater part of the left orbit. Its basis, as large as the palm of the hand, was surrounded by a bony ridge. Some small places had a soft feel. No visual disturbance. Prof. Simon removed the growth May 7th, 1872. A part of it had intimate connection with the bones of the skull, and had to be freed with scissors and chisels, the remainder was isolated and could be removed with forceps. The soft parts, small, circumscribed, vascular and gelatinous cysts at the periphery of the tumor, were scooped out with a sharp spoon. The skin was sewed together, leaving two openings for the escape of the secretion. Patient had high fever during the first three days, felt easy for the next week, then cerebral symptoms set in, delirium, convulsions, paralysis of some cerebral nerves, deep coma, and death.

The autopsy showed that a portion of the tumor had been left, projecting from the posterior face of the frontal bone into the cranial cavity. Both frontal sinuses were immensely distended. The whole cavity of the wound was bathed with pus. There was extensive purulent meningitis ; an abscess in the left frontal lobe which had perforated into the left lateral ventricle. The dimensions of the growth were:—9 cm. from above downward, 7.5 cm. from right to left, 7 cm. from in front backward.

X. The case described by Dr. Banga referred to a man eighteen years of age, who had received a blow on the left eye six years previous to his admission to Prof. Socin's clinic in Basle. Three years later the eye swelled. On admission, downward and outward exophthalmus on the left side; eyelid distended ; under the brow a tumor hard as stone, immovable, painless, 5 cm. broad, 4.5 cm. high, near the nose enlarged to a node the size of a cherry. Vision $\frac{1}{20}$. Constant lachrymation and irritation. Palpebral fissure cannot be closed. No cerebral symptoms. Operation by Prof. Socin, 10th June, 1871. An incision down to the bone, 6 cm. in length, along the brow and curving down to inner canthus. The superior oblique muscle had made a groove into the tumor. It was raised with a blunt hook. The temporal portion of the tumor was easily loosened with a mallet and chisel and detached,

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then the nasal portion was removed in the same way. Roof of orbit intact. Wound united with sutures. Exophthalmus reduced to about one-third of its previous amount. Ice bladder applied. The first week reaction little, secretion moderate. On eighth day, intense headache, chilliness with subsequent heat, high temperature, debility, violent and persistent vomiting, great anxiety, convulsions, sopor, and, two days later, on tenth after operation, death.

Autopsy :—Diffuse purulent meningitis, particularly in the anterior part of the left hemisphere. In the center of the base of the left frontal lobe an abscess in the brain the size of a pigeon's egg, surrounded by punctate hemorrhages. Underneath, a round perforation in the dura and the roof of the orbit, 1.5 cm. in diameter. Dura thickened, covered with discolored pus. A rent in the diaphragm through which the fundus of the perforated stomach and a part of the spleen penetrated into the pleura. In pleural cavity dirty brown fluid.

The extirpated tumor is very hard, the size of a hen's egg. The surface is in part smooth, in part finely porous on the surface, like pumice stone. It is covered on all sides with *periosteum*, which is traversed by many delicate blood-vessels. At the inner-lower part of the base of the frontal sinus, above the infundibulum, was a rough place, to which a similar one on the tumor corresponded, evidently the origin of the tumor. The bulk of the tumor was ivory, a small part cancellous.

This, Mr. President and gentlemen, is the last case that has cóme to my notice. There are some cases mentioned in earlier literature, but the original publications have not been accessible to me, and the notes are very incomplete.

What deductions can be drawn from the material on hand as to *prognosis and treatment?*

All the cases showed a steady increase, and all patients from whom the tumor was either totally or partially removed, died from meningitis, except the patient of Dolbeau, and he had a narrow escape. There remain the two cases, numbers two and three, in which the tumors were exfoliated by purulent inflammations, and the patients cured. Paget says in his book, Vol. II, p. 237 :—"All these tumors show the exceeding difficulty and peril to operate on them. The simpler kinds, that only grow outward, may indeed be cut off with advantage, though

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seldom without great difficulty; and often the attempt to remove them has been made in vain. The histories of some specimens in the museum of St. George's Hospital illustrate these statements very well. These tumors are occasionally removed by sloughing, and the course of treatment which cases suggest has been, I believe, the only one worth imitation, namely, exposure of tumor, and application, if need be, of escharotics to the surface of the bone." But, gentlemen, these cases have remained exceptional, and the method is not countenanced by modern authors. (See Berlin in Graefe-Saemisch Handbuch, Vol. VI.) One case is on record in which a large part of the tumor was kept exposed for ten years without the desired effect. In the case which I operated on and described before, I tried the same plan for seven weeks, without the slightest change in the tumor, then meningitis set in, and the patient died. In tumors superficially located, or those originating on the orbital surface of the bones or in the ethmoid cells and the mastoid antrum, the prognosis is much better and the removal commonly successful.

The most remarkable example of this kind is a case of Maisonneuve, reported October 1, 1863, in the *Gaz. des Hôp.* The tumor was an ivory exostosis of the ethmoid bone, 72 mm. in its vertical, (longest) and 40 mm. in its transverse diameter. It was removed by subperiosteal extirpation. The recovery, with but little suppuration, perfect.

But is there nothing to be done for tumors originating in the frontal sinuses? Must we look on for years and see them grow to such enormous masses as are described in the preceding cases, and then remove them after the death of the sufferer, in order to deposit them with some anatomical museum for the student and lay visitors to look at and shudder? I believe something can be done, and these growths may be removed safely, if they have not attained too large a size and penetrated too far into the cranial cavity. My belief is founded on the study of these tumors, especially on Dolbeau's memoir, and strengthened by a successful operation done by myself last September, which, in conclusion, I beg briefly to report.

XI. A healthy gentleman of about 48 years, of New York, consulted me last May for slight drooping of the right upper lid. I found, on palpation, a bony-hard tumor in the inner

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upper corner of the orbit. It grew steadily, and had, in September, attained the size of a flattened walnut. Sight was good, the eye slightly pushed outward and forward. The patient had no inconvenience from the tumor, but was mentally depressed, perhaps more from apprehensions than from the physical effects of the tumor.

In operating, I made a deep incision along the superciliary arch down to the lig. canthi int., to which the tumor reached. After the division of the periosteum, the bony tumor showed a slight depression at the orbital wall. Supposing that this was the base of a purely orbital exostosis, I chiseled a deep furrow into it, close to the orbit, but the tumor did not yield, and manifested itself of uniform ivory hardness. Knowing now that it extended into the frontal sinus and, perhaps, farther, I at once tried to enucleate it, but with the deliberate design to remove it within its capsule, so as not to interfere with the contents of the orbit nor injure the dura, should the pseudoplasm penetrate into the cranial cavity. With a small hand-chisel I detached the periosteal covering carefully from the bony mass as far as I could reach, had it held apart by blunt hooks, and with a hammer and small chisel broke down the connections of the tumor with the bony wall of the orbit, always keeping within the periosteal capsule, that is on the bony surface of the tumor, and especially avoiding to interfere with the tendon of the superior oblique muscle.

After an hour's steady work the hard mass yielded and it would have been possible to draw or pry it out. This I did not do, for fear of lacerating the dura mater. Holding the tumor firm with bone forceps, I rotated it gradually on its vertical axis so as to turn the posterior surface into the nasal cavity, and while so doing, I again stripped with the hand chisel the periosteum off from the posterior and upper sides of the tumor. When I had finished this, the tumor lay entirely loose in its capsule and was withdrawn as a whole without cutting a fibre. Here it is, such as it came out.

The wound was united, and a silver drainage-tube inserted into its lower extremity.

On the second and third days some bloody serum oozed out, which was all the discharge that set in. The wound healed by first intention. The patient felt only a little tired in the first week, in the second his skin was slightly yellowish, but

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all symptoms disappeared within two weeks. Then he went out cured. At present you can scarcely see on which side the operation was performed, the scar from the incision being noticeable only on close examination.

The tumor was in connection with the septum of the frontal sinuses, as you see by a rough place on one of its surfaces. A good part of the orbital wall had been destroyed, the dura formed the upper boundary of the wound cavity and a fracture had occurred during the operation in the outer part of the roof of the orbit, all of which was stated on digital exploration before the wound was closed.

The peculiar feature, the safety and the brilliant success of this treatment in this case I ascribed to the mode of operating, viz:—the shelling out of the tumor from within its capsule. This method, the "sub-periosteal enucleation," I think is *the* method by which osteomas, not only of the frontal sinuses but of all cavities in the head, ought to be removed. I find it mentioned only in Maisonneuve's brilliant case cited above. For orbital osteomas I have employed it twice before with equally good results. Its main advantage is that the cranial cavity is not opened. In some of the cases, terminating fatally, the dura was lacerated, which probably caused the lethal issue.

In conclusion, therefore, I may say that osteomas of the frontal sinuses may, and ought to be removed, as long as they are moderate in size. The method is that by "sub-periosteal enucleation," with careful avoidance of injuring the dura mater.

## *Discussion.*

Dr. A. C. POST, of New York: Mr. President—A case occurred many years ago in the Presbyterian Hospital of New York, under the care of Dr. S. B. Ward, now of Albany. It was a tumor of different character from this, an osteo-sarcoma of the frontal and parietal bones, which extended through the bones into the cranial cavity. Dr. Ward exposed the tumor and removed a considerable portion of it so as to expose the dura mater, but was deterred from completing the operation by the fact that the dura mater was thickened and rough on its surface, and seemed to have participated in the disease. He did not remove the whole of the diseased bone. The patient lived for a number of months afterwards. It was found, on post mortem examination, that there had been no reproduction of the disease from the denuded portion of the dura mater. There was some reason to believe that if he had completed the operation, he might have saved the life of the patient.

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## XXII. A SECOND SERIES OF STONE OPERATIONS.

BY A. VANDERVEER, M. D., of Albany, N. Y.

Mr. President:—In the Archives of Clinical Surgery for October, 1876, I presented a paper "On the Operation for Stone with a Report of Cases." To that report I wish now to add other cases, some of which show very markedly the improvement that has taken place in the treatment of vesical calculi, an improvement mainly due to the efforts of Professor Henry J. Bigelow.

CASE I.—*Gun-shot wound of the bladder accompanied by fistulous tracts, and subsequent formation of vesical calculi.*

W. R——, American, aet. 35, married, came under my care in the spring of 1873, giving the following history:

As a private in a New York regiment, he was wounded on the 30th of June, 1863, through the bladder. From that time on, his life has been one of great suffering, and in the attempted mitigation of his pain, he has become a confirmed morphine eater. The amount of the drug which he has taken, and is now taking, seems almost incredible. He is very much emaciated, has but little appetite, is passing his urine very frequently, and mostly through the sinuses, and he, in every respect, is a most pitiable object to look at.

A careful examination of his urine showed a large amount of albumen, much pus, but no casts. On giving him ether and sounding his bladder, I discovered the presence of a stone. At different times since receiving his wound, he has passed from the urethra phosphatic concretions, and from the sinuses necrosed pieces of bone, small particles of lead and portions of clothing, which I here show you. He states that the ball was never found.

I saw Mr. R. occasionally during the summer of 1873, and though earnest efforts were made in various ways to improve his condition, yet his system never seemed to be sufficiently strong to undergo the operation of lithotomy. He died October 26, 1873, and the following is the report of his autopsy:—

*Post mortem* rigidity well marked. Bed-sore back of and below the trochanter major on the right side. There was a cicatrix, also mouth of a fistula below Poupart's ligament on the right side, one-third of the way from the symphysis pubis. Body much emaciated.

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The course of the ball is just below Poupart's ligament near the pubic symphysis on the right side; it passed through the horizontal ramus of the pubic bone, entered the posterior portion of the bladder, passed out and through the tuberosity of the ischium, was then deflected upward, and finally lodged behind the trochanter major of the left femur where it was found firmly encased in a fibrous covering. The bladder was divided into two parts by cicatricial tissue, apparently the portion of the bladder through which the ball had passed. The anterior half of the bladder contained a large calculus, the posterior portion a smaller one. The calculi were soft and phosphatic in character. The fistulous tract on the right side connected with the bladder just in front of the opening of the right ureter by a smooth valvular orifice. The coats of the bladder were much thickened and the ureters were dilated so as to admit the passage of the little finger. The pelves of the kidneys were also dilated, and there was slight contraction of the parenchyma. The general structure of the kidney, however, was normal. Capsule not adherent, peeling off nicely. Thoracic viscera were healthy. Encephalon not examined.

Weight of larger calculus------405 grs. (gms. 26,244.)
Weight of smaller calculus-----132 grs. (gms. 8,553.)
Weight of ball----------480 grs. (gms. 31,175.)

All of which I here show you.

CASE II. *Calculus in the inferior fundus of the bladder.*

Mr. G——, aet. 72, married. Very fleshy and usually in good health.

Dr. Snow and myself saw him for a few days previous to his death, which occurred June 10th, 1876. He gave no marked symptoms aside from a desire to urinate often, and sounding the bladder failed to reveal a stone. At the autopsy the following condition was found:—

Body very fleshy; pleural surfaces adherent on both sides, but more firmly on right; liver cirrhotic. The kidneys were buried in an immense bed of fat, and were contracted; they were also covered with many cysts. Heart in a condition of fatty degeneration. The bladder was contracted, and contained in a sac-like depression, just back of the isthmus of the prostate gland, was this small stone, weighing 71 grs., (gms. 4.6) and made up principally of the phosphates. The prostate gland was much enlarged.

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This case, together with others, leads me to believe that many old gentlemen who are suspected of having only hypertrophy of the prostate gland, also carry about with them, partially encapsuled, small vesical calculi. Had we discovered the stone, his condition was such that an operation would hardly have been advisable, even by the Bigelow method.

CASE III. *Large calculus in the female.—Lithotrity and washing out of the fragments.—Recovery.*

Mrs. Y——, aet. 65; married and the mother of five children. She had an attack of renal colic fifteen years ago, and at that time passed several small calculi, but recovered entirely. Three years later she had another attack, since which time she has suffered all the symptoms of vesical stone with chronic cystitis. I first saw the patient January 18th, 1877, with her family physician, Dr. Werner, of Cobleskill, N. Y., who had previously diagnosed vesical calculus. On sounding the bladder it was evident there was a large stone present. For the past year she has been obliged to push it back with a silver female catheter whenever she desired to urinate. A previous examination of the urine showed the kidneys to be healthy. The patient was operated upon on the 18th of January, 1877, Teevan's lithotrite being used. I crushed several times and washed out with a Davidson's syringe; first, however, dilating the urethra with Heath's urethral dilator, so that I could introduce the index finger of my right hand. The operation lasted nearly an hour, the patient bearing the ether only fairly well. My first impression was to do a vaginal lithotomy, so well spoken of by Dr. J. Collins Warren, of Boston, but the patient was so very fleshy as to make it quite impossible to reach the parts. The stone was phosphatic in character, and the detritus weighed 328 grs. (gms. 21,254.) A distinct nucleus was found, probably a renal calculus. Some of the detritus was lost in a basin of water that was overturned.

During the afternoon, after the operation, the patient suffered from a severe pain in her back, and also vomited some. The vomiting, however, was soon controlled. Up to the evening hour there had been no sign of a chill. On the morning of the next day, (January 19th,) she was feeling comfortable, her skin was moist and her pulse 92. She controlled her urine

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quite well, although its voiding was attended with some smarting and burning. She slept well, passing, indeed, quite an easy night. On the evening of the same day, (January 19th,) the patient was again seen by Dr. Werner, to whom I am indebted for notes of the case after the operation. She had passed through the day very well,—was able to retain her urine for about an hour, at the end of which period she experienced a severe smarting and burning pain. At 8 P. M. her pulse was 100, skin still moist and tongue coated. There was also increased thirst and some distress at the stomach. No sign of chill, however. She was given quinine and iron every three hours, and morphine at longer intervals. Flaxseed tea was also administered. On January 20th, the patient continued comfortable, and had slept well the previous night. Her pulse was about 90, and there was less moisture of the skin. She was now able to retain her urine for an hour and a half. In washing out the bladder, however, she experienced much distress. The stomach was quite irritable also, but altogether the symptoms were quite favorable.

On January 21st, the patient was still comfortable. Pulse 87. The washing out of the bladder was this time attended with no unpleasant symptoms. The quinine was continued but the iron she could not bear. On January the 22d, she complained of considerable gastric disturbance. Great relief was experienced from an evacuation of the bowels, the first movement obtained since the operation. There was still some thirst though not so marked as heretofore. Pulse 92. She seemed to rest well, but complained of feeling tired. The washing of the bladder was on this day omitted. January 23d, she expressed herself as feeling better. Pulse 88. Another evacuation of the bowels was obtained, and the bladder was again washed out. The passing of her urine was now accomplished with less of pain than previously. On the 24th, the patient still continued comfortable. The pulse was 84, the skin natural, and the tongue, which had been much furred, was cleaning. Quinine was continued, also $\frac{1}{4}$ gr. (gm. 0.016.) of morphine, three or four times daily. Bladder was now washed out every day. The scalding and burning were much abated, and the urine much less offensive than at first. The first two washings brought away several pieces of the calculus; none have appeared since, however.

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On January 25th, the patient was able to retain her urine for a period of three hours. She rested well during the night, but was at one time somewhat chilly, a condition due, however, to an exposure to a current of air. She was immediately warmed so that nothing serious resulted. Her pulse was now 80, her appetite improving, thirst much less urgent, and the symptoms were all quite favorable. January 26th, the patient had slept well during the night, and was still (at 10:30 A. M.) resting nicely. Pulse 85, skin natural and the appetite continuing to improve. The quinine disagreeing, it was now discontinued. After washing out the bladder another quite large piece of calculus was passed, so large in fact as to cause much pain as it was being discharged.

On January 27th, the patient reported the previous night as decidedly the most restful she had had, and she had also been able to retain her urine for the period of ten hours. The pulse was 80, skin quite natural, tongue continuing to clean, appetite increasing, the gastric irritation mostly allayed, and the general appearance much improved.

Mrs. Y—— made a good recovery and was in perfect health when last heard from,—a few months since.

CASE IV. *History (synoptical); Renal colic; stricture of urethra; calculus lodged behind stricture; internal urethrotomy; removal of stone, and recovery.*

Mr. J. R——, aged 36. Occupation that of a wood cutter in the North Woods. He was admitted to St. Peter's Hospital in December, 1876.

History—Twelve years ago he contracted gonorrhœa and was a long time in getting well. Nearly three years ago he had an attack of renal colic connected with the left kidney. Soon after he experienced increased difficulty in passing his urine, the stream being at times much reduced in size. About six months later he discovered and could feel a hard substance in the perineum, and from that time on he had serious trouble in emptying his bladder. For the past few months he has been unable to work. By the use of bulbous bougies two strictures were detected, one about two inches (51 mm.) down in the spongy portion of the urethra, the other in the membranous portion. Through the second stricture only a whalebone guide could be passed, and as it passed it revealed a calculus in the membranous or prostatic portion of the urethra.

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The calculus could be felt from without. His urine was examined but revealed no organic disease of the kidney. He was given 5 grs. (gm. 0.324.) of quinine three times daily, and 10 minims (0.9cc.) tinct. ferr. chlorid. for two days, and on Dec. 18th was put under the influence of ether. The stricture two inches (51 mm.) down the urethra was divulsed by an Otis' urethrotome, then a guide was passed through the lower stricture upon which was passed a Maisonneuve tunnelled instrument, and the stricture cut. Thompson's long slender urethral stone forceps were now passed easily down the urethra, and this stone removed, oblong as you see, measuring in its long diameter, one inch, (25 mm.) and in its circumference three-fourths of an inch, (19 mm.) and weighing 41 grs. (gms. 2.65.) The stone was made up of oxalate of lime with a crust of the phosphate. This patient had a chill a few hours after the operation, but by aid of full doses of quinine and iron, he went on to a perfect recovery. The strictures were treated by passing full sized steel sounds twice a week. A subsequent examination of the bladder with Thompson's short beaked searcher was made but nothing was found. Upon the removal of the stone it became necessary to incise the meatus slightly. The patient was discharged cured in March, 1877.

CASE V. *Calculus in a girl.—Rapid dilatation practiced and stone removed entire.—Recovery.*

July 21st, 1879, I was requested by my friend, Dr. Barker, of this city, to see Miss W——, aged five years, who had been suffering nearly two years with a bladder trouble. I found her in bed and her clothing wet. Her mother stated that the little girl was passing her water constantly and with great pain, and that it was impossible to keep her dry.

On examination of the bladder we could feel a stone. She was given two grains of quinine three times daily, and an anodyne night and morning. On July 23d, 1879, we proceeded to operate. Chloroform was administered and the urethra quickly dilated with Heath's dilator, and with a small stone forceps this calculus, weighing 40 grs., (gms. 2.592.) was removed. It is composed of oxalate of lime, and, as you observe, is covered with numerous little spines, which must have caused great pain. Quinine was continued, and also demulcent drinks, and I am informed by Dr. Barker that the little patient went on to rapid recovery.

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CASE VI. *Large urethral calculi removed by external perineal incision.—Recovery.*

Mr. A. F——, aet. 19; was admitted to the Albany Hospital, March 29th, 1879, as a case of urethral stricture. The following history was obtained: Ever since his third year the patient has been troubled with painful micturition, a burning, stinging sensation being experienced just after the act. He had also been compelled to get up two or three times during the night to pass urine. He says he never had gonorrhœa. On examination it was found impossible to pass any instrument on the first trial, and as further attempts gave him great pain, it was decided to wait and anæsthetize him and then make the examination a thorough one. The perineum was enlarged, as was also the inferior wall of the urethra along the lower half of its course. Hot applications were made to the parts and covered with oiled-silk. On the 5th of April the patient took, at 10 A. M., ten grs. (gm. 0.65) of quinine, and at 12 M. was etherized. An exploration of the urethra detected calculi. A grooved sound was then passed and an external perineal section performed, the incision being about 1½ inches (38 mm.) in length. By the aid of the sound,—the fingers being introduced into the rectum,—a large, smooth calculus was expelled from the cut, which was directly followed by a second one. The wound was left to itself, a little lint being applied to soak up the oozing of blood. Hemorrhage was slight. The patient was placed in bed, wrapped in warm flannel, and kept under quinine. April 26th, symptoms of cystitis were noted. I ordered a warm sitz bath and a prescription of potass. bicarb. and hyoscyamus. May 19th the patient was etherized and numbers 10 and 16 English steel sounds were passed. June 9th the patient was discharged cured. He was ordered to have full sized steel sounds passed at least once a week.

The calculi are mostly phosphate of lime. The larger one weighs 475 grs. (gms. 30.78), the smaller one 240 grs. (gms. 16.2).

It will be observed that the larger one is a perfect cast of the distended prostatic portion of the urethra, even presenting the impression of the opening of the ducts, and that the facet of the junction of the two stones at the greater curvature of the urethra is very perfect. These are remarkable specimens of prostatic or urethral calculi, and undoubtedly were lodged



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there when the boy first presented symptoms at the age of three years.

CASE VII. *Stone found at a post mortem.*

Mr. M. H——, married; aet. 65; was seen a short time before his death by Dr. Snow and myself. He gave a history of urethral and bladder trouble extending over a period of fifteen years. His condition was such that no very thorough examination of the case could be made An examination of his urine revealed the presence of a large amount of pus and albumen. Under the microscope, crystals of oxalate of lime, and pus were found, but no casts. I was reminded by his son that I had treated him five years before for abscess of the kidney. He had been treated also for attacks of bilious colic. I expressed a desire to be informed of his death when it should occur. He died July 25th, 1879, and the autopsy was made at 4 P. M. the next day.

The peritoneum was thickened and the bladder was distended and partially adherent to the peritoneum. The middle lobe of the prostate was enlarged and had attached to it a diseased mass, behind which was a calculus about the size of a walnut. This disease seemed to be a non-malignant ulcer. The left kidney was contracted and filled with calcareous deposits. The right kidney was enlarged and filled with pus and abscesses. There were evidences of pleurisy on the right side. Slight adhesions at the apex and side of right lung. The gall bladder was filled with calculi, as was also the cystic duct. The stone weighed 84 grs. (gms. 5.443), and is phosphatic in its make up.

CASE VIII. *Piece of chewing gum introduced into the bladder.—Removal by Bigelow's operation.—Recovery.*

Mr. A. S——, aet. 24; single; was admitted to the Albany Hospital, September 5th, 1879, and the diagnosis of foreign substance in the bladder made. Six weeks before coming to the hospital the patient had introduced a piece of chewing gum into his bladder. He had been treated, but without success. On September 7th, the searcher, a steel sound with a short curve, was introduced and the foreign body felt. The next day a consultation of the staff was held, and on again using the searcher the substance could be felt, but when the lithotrite was introduced into the bladder, nothing could be

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found. It was concluded to wait a little. On the morning of Sept. 9th, the patient had a severe chill. Cinchonidiæ sulph. was freely given, and continued in 2 gr. (gm. 0.13.) doses every two hours. September 13th, the searcher was again introduced, and the body could be distinctly felt, indeed an audible click was emitted by the incrusted salts of the urine. On September 14th, he had another chill. On the 17th the patient was put under ether, and with the lithotrite, pieces of the salts incrusted about the gum were brought away. Bigelow's evacuating tube, No. 29, was then introduced into the bladder, and his suction apparatus, filled with water, was attached. The water was gradually forced into the bladder, and, as it returned, the gum came with it, thus making the operation a complete success. The patient was put to bed and 10 grs. (gm. 0.65.) of quinine given. The cinchonidia was continued as usual, 2 grs. (gm. 0.13.) every four hours. About 11 A. M., Sept. 18th, the patient had a severe chill. Ten grs. (gm. 0.65) of quinine were administered and warm applications made. At 8 P. M. another chill occurred. Temperature was 105°, pulse 150 and perspiration very profuse. After the 18th the patient had no chills, and his improvement was continuous up to September 24th, on which date he was discharged, cured.

The gum, together with the crust of phosphates, weighs 29 grs. (gm. 1.879.) For this case no instrument could have taken the place of the Bigelow apparatus. The soft gum filled the jaws of the Teevan lithotrite, and it would have been impossible to have gathered it in that way. Moreover it probably could not have been pulverized sufficiently for it to have been washed out with a double catheter, or evacuated with the urine.

CASE IX. *Large phosphatic calculus; cystitis; great amount of pus in the urine; medio-lateral lithotomy; recovery.*

Henry M——, M. D., aet. 42. Two years ago last October, while visiting a patient during a rain-storm, Dr. M. caught cold and had an attack of acute cystitis. His professional duties did not allow him to get entirely over his ailment before he again went to work, and he thinks riding made the trouble worse. At times he had been troubled with spasm

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of the bladder, making it necessary to pass a catheter. The passing of the catheter upon these occasions, however, was attended by a pain so intense as to necessitate the administration of chloroform previous to the introduction of the instrument. At times, also, there has been a great deal of pus and mucus in his urine, and its condition was so acid as to scald severely on passing it. To relieve the burning he was constantly in the habit of taking alkalies, morphia, chloroform, etc. He further complained of considerable pain in the end of his penis. On the 12th of October, 1879, the patient was put under ether, and the urethra and bladder examined. A number of strictures were found in the urethra. An Otis's instrument was passed, and the stricture in the spongy portion cut. One or more deeper down were of large calibre and admitted a No. 12 sound. A Thompson's searcher was passed into the bladder, and a calculus of quite large dimensions was found. With the lithotrite it seemed to be over two inches (51 mm.) in length and more than an inch (25 mm.) in its shortest diameter. The patient was then allowed to come out from the anæsthetic and was given 5 grs. (gm. 0.324.) of quinine. Having a slight chill at 6:30 P. M. gm. 0.324 more of quinine were given. This was vomited, however. At 9:30 the patient was doing nicely. October 18th, the patient was put under ether and the mediolateral operation for lithotomy, by the rectangular staff, done.

Owing to the size of the stone it was found necessary to crush and remove it in fragments. Length of operation 45 minutes. After the operation the hemorrhage became rather unpleasant, and the patient was again put under ether and another ligature applied, which, in addition to plugging the wound, controlled the bleeding. The manner of making the plug, by Dr. S. B. Ward was as follows: A circular piece of oilcloth was passed over a catheter and tied firmly; the catheter was then passed into the bladder and the space between it and the oilcloth firmly packed with lint.

The plug was removed October 19th, the patient doing nicely and passing urine through both urethra and wound. On October 31st the urine passed entirely through the urethra. Nearly one-third was pus and mucus. November 4th the urine was passing nearly clear. On this date a catheter was passed, after which urine escaped from the wound for a short time. Patient continued taking 12 grains (gm. 0.777) of quinine in

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twenty-four hours. On November 7th the patient came down stairs for the first time since the operation, and on November 8th he attended a clinic. At this time he was troubled with incontinence of urine. His pulse and temperature were normal and he was feeling well. November 14th he was up and moving about the hospital. Could hold his urine for two or three hours at a time. Pus had nearly disappeared from the urine. The bladder was washed out daily. On November 18th the urine appeared normal. On the 22d a stricture, two and three quarter inches (7 cm.) from the meatus, was divulsed and cut with Otis's instrument. December 3d the patient was discharged cured and returned to his home.

The stone weighs 345 grs. (gm. 22.356), and could easily have been crushed, but in consequence of its size and of the severe cystitis it was thought best to cut. The first objection we have learned to be erroneous, while the second is still on trial. The following letter was received from Mrs. M——, in reply to one of enquiry from the house surgeon. I feel it my duty to present it as giving the final result in the Doctor's case. I am told by those who saw him after his return home that he was exceedingly careless about exposing himself. His death was probably the result of hepatic abscess.

The following is the letter:

"In reply to your postal card requesting me to tell you something of Dr. M——'s last sickness, I will say: He returned from the Albany Hospital the 5th of December, feeling *well*, and continued to feel well until the 16th of December, when he was taken with an acute pain in the right side under the floating ribs, accompanied with sickness at the stomach, vomiting up all kinds of medicines and nourishment that he took. Two or three days afterward he discovered a swelling in the same place, the size of a large hen's-egg, which was very sore. He could not bear anything upon it. Even the weight of the sheet was burdensome. The pain gradually wore away, leaving it very sore. After the pain subsided he had a high fever followed by a sweating stage. About ten days after he was first taken sick he had a hard chill which lasted about twenty minutes, followed by a very high fever and sweating stage. He continued to have chills, fever, etc., once a day at first and afterwards more frequently, until he died January 10th, 1880. He retained consciousness until

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about four hours before he breathed his last. I ought to have stated that he had a very sore throat and mouth which made it very difficult for him to swallow. Tongue badly swollen and very sore."

CASE X. *Large phosphatic calculus.—Bigelow's operation. —Recovery.*

Mr. C. H——, aet. 60, was admitted to the Albany Hospital May 26th, 1880. About eighteen years ago he began to experience burning sensations about the urethra when passing water, and continued to have them at times, (though not sufficiently unpleasant to cause any particular annoyance,) up to about four years ago, at which time, after riding over rough roads, he had an attack of hemorrhage from the bladder, lasting for a short period. These hemorrhages would recur regularly every two or three weeks, and continued to do so up to about two years ago. At the time of the first attack of hemorrhage, he had a severe pain in the lower portion of the left lumbar region, which lasted for two or three days and required considerable doses of morphia to relieve it. Upon his admission to the hospital an examination with a sound was made when a calculus was both distinctly felt and heard. He was now given ten-grain (gm. 0.648.) doses of potass. citrat. three times a day. On May 29th, he was anæsthetized and a lithotrite passed. After exploring the bladder for some little time, the stone was finally engaged and crushed. The Teevan and Thompson lithotrites were used alternately. The instrument was then withdrawn and litholapaxy practiced, drawing away considerable *débris*. I used in this operation, as well as in my other, Bigelow's original instrument. (At this time the rubber bag became loosened from its attachments, unfitting the instrument for use. I was, therefore, greatly indebted to Dr. VanderPoel, Jr., for the use of his improved Bigelow apparatus, as also for his personal assistance.) The foregoing operations were done consecutively several times, until the bladder was quite free from foreign matter. He was taken to his room and gm. 0.648 of quinine were given. He had some vomiting before fully recovering from the effects of the ether. The first night following the operation he had a chill, the temperature afterward rising to 102.5° F. and dropping by the third day to 99.5°. On the afternoon of the third day he had

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a second chill, followed by a temperature of 101.5°, which declined again by the fifth day. The patient was now given 5 grain (gm. 0.324.) doses of quinine, three times a day. On the 7th day he had a chill followed by a temperature of 103.6°, at which time ¼ drop each of tinct. aconite and tinct. digitalis was given every hour, the temperature falling next morning to 101°. By the eleventh day it had gradually reached normal, remaining about so with some slight exacerbations, until the evening of the fifteenth day, when, having had another chill, it rose to 103°. On the 1st of June he was ordered to take triticum repens. On the 11th of June he was put on tinct. gentian comp. On the morning of the 16th day the temperature dropped to 101°, but on the same day, after a slight chill, it again reached 103°. On the 17th day it fell to 99°, rising again to 101° in the evening. On the morning of the 18th day the temperature was normal, but rose again in the evening to 101°. On the 16th day he had a severe chill, which sent the temperature up to 103.5°, falling, however, next day to 102°. On the 21st day it rose to 103.6°, falling gradually by the 23d day to 99.5°, but that evening another chill caused it to rise to 102.5°. By the 25th day it had declined to normal. On the 27th day he had a slight chill, with but little rise of temperature which dropped again to about normal, and so remained until the day of his discharge, June 30th, when he expressed himself as being in much better condition, both physically and mentally, than he had been before in years. On July 13th, I received a letter from the patient's family physician, Dr. Merritt, in which he stated that the patient had had a relapse as a result of overdoing, but at the time of writing, he was much better and able to be about, and with proper care there was no doubt but that he would be as well as ever. Very recently I have had word from the patient, stating he was entirely well, passing normal urine in a natural manner, and again attending to business. The detritus weighs 380 grs. (gms. 24.624.) and is entirely phosphatic. But very few cases have been reported of so large a stone being successfully treated by the Bigelow operation.

CASE XI. *Small phosphatic calculus. Bigelow's operation, with rapid recovery.*

Mr. R. S. P——, aet. 53; was admitted to the Albany Hospital September 13th, 1880. The following history was

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obtained. About three years ago the patient first noticed that he could not pass water as readily as usual. This slight impediment to the emptying of his bladder remained for a while, and then there gradually came a feeling of weight, and a dragging pain in the region of the bladder, also some pain radiating up the track of the ureters. About eighteen months since, while urinating with the usual resistance, he noticed that a bloody discharge was coming from him. This, however, was the only time that blood ever passed him. He has complained of pain on passing water ever since he first observed that something was wrong. For the last three months he has had to draw his own water by means of a catheter. He had never suspected the nature of his trouble until recently, when on sounding him I discovered a calculus of small size and suitable for the operation of litholapaxy. This operation was performed September 18th, and a number of fragments of a phosphatic variety were removed. The patient has since been doing very well. Cinchonidiæ Sulph. 2 grs. (gm. 0.13), three times daily, has been given. His temperature on the evening following the operation was 102° F. and pulse 100. These fell the next morning, the temperature to 99° and the pulse to 80. The evening of that day (19th), however, they rose, temperature to 101° and pulse 85, falling again to 99°, pulse 70. After this, for a few days, the temperature was between 99° and 100°. There were no signs of a chill after the operation. His urine was drawn off as required. About eight days after the operation the bladder was washed out and sounded, but nothing was found. After this time the washing was continued once a day, nothing but a little mucus making its appearance in the urine. The patient was discharged October 2d, 1880, having been in the hospital nineteen days and only fourteen after the operation. Recently he came to my office saying he was feeling well, could pass his urine in a natural manner. None of his old symptoms were troubling him. On sounding the bladder it was found free from any deposit. This case was somewhat remarkable in that he had retention of urine while a stone existed in his bladder. Weight of detritus 60 grs. (gms. 3.888).

While the Bigelow operation has been so very successful, yet in the cases presented here the chills following the operation have always been a very great source of anxiety.

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In the performance of the foregoing operations I am greatly indebted for assistance to my colleagues, Drs. Curtis, Ward, Snow, Mosher and Hailes, and to the faithful house-physicians of both hospitals.

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## XXIII. THE TREATMENT OF DOUBLE TALIPES EQUINO VARUS BY OPEN INCISION AND FIXED EXTENSION.

By A. M. PHELPS, M. D., Chateaugay, Franklin County, New York.

Mr. President and Gentlemen of the Society:—As a delegate from Franklin County Medical Society, I came to Albany expecting to take no part in the proceedings of this meeting, only so far as the duties of delegate might devolve upon me. Since my arrival I have been urged by professional friends, to whom I had previously sent photographs, to report, at this session, the case of a little patient suffering from double talipes equino varus, upon whom I operated by open incision and fixed extension.

(FIG. 1.)

The patient was a little girl six and one-half years of age. I first saw her May 15th, 1880. The feet were very rigid. The inner side was very much shortened and described a sharp curve from the heel to the great toe, which rested upon the inner side of the tibia when the weight of the body was upon them. The attempt at walking had produced large bunions upon the dorsum of the feet, which were very much inflamed. The head of the astragalus was subluxated forward, and the limbs were very much atrophied.

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Fig. 1 is taken from the photograph presented at the Society, and gives a correct idea of the extent of deformity.

Under an anæsthetic, and assisted by my friend, Dr. Farnsworth, and my student, Mr. VanVechten, I divided subcutaneously the tendo achillis, tendon of tibialis anticus, the plantar fascia, and such contracted tendons and bands in the soles of the feet as I could safely do without wounding the artery and nerve. The feet were imperfectly restored to their normal position, and dressed with Sayre's temporary dressing. (See Sayre's Surgery, p. 98.) After the wound had healed, and upon the seventh day, Barwell's dressing with rubber muscles was adjusted to each limb and faithfully continued for two months. Manipulations, showering of the limb, and strychnia hypodermically were used daily. Circumstances prevented the use of electricity. July 25, 1880, the feet had not improved since the operation in May, and showed a determination to relapse when the dressings were removed.

Dr. Alfred C. Post, of New York, who was at Chateaugay a short time before, related his treatment of a case of torticollis, in which he made an open incision and divided all contracted parts upon a director, thus securing a thorough operation without the danger of wounding important blood vessels. The case, after some thought, impressed me as being something new and thoroughly scientific. By referring to authorities I found no mention made of an operation upon club foot by open incision. Sayre advises the division of the skin when it offers resistance to the foot being extended to its normal position. So, with no little hesitancy, I decided to operate upon my case by open incision, and dress the foot in a normal position, and keep it so until it healed. Under an anæsthetic, and assisted by Dr. Farnsworth, I made an incision one-half inch (13 mm.) in front of the ankle joint, extending across the inner side of and two-thirds the distance across the soles of the feet through the skin and cellular tissues. Each contracted part was now carefully divided as it showed itself, when the parts were put upon the stretch by extending the feet. After the completion of the operation it was found that the incision had been carried down to the bone in both feet. The artery and nerve were both divided in the right foot accidentally; but in the left they were carefully guarded. The long calcaneo-cuboid ligament was not divided,

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as it offered no resistance; otherwise it would have been cut. The tendo achillis was divided subcutaneously. I would suggest the use of Esmarch's bandage in all cases of the kind. The wounds were dressed daily with balsam peru and oakum, and the feet kept extended upon a foot-rest which I devised for the purpose. A glance at the cut will furnish a correct idea of its construction.

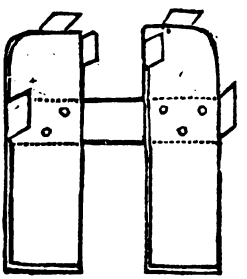

FIG. 2.

It consists of two boards the length and width of the foot, a little narrower at the heel than at the toe, screwed upon a plate of band iron one and one-half inches (38 mm.) wide and ten inches (25.4 cms.) long, the ends of which are turned up, projecting two inches (51 mm.) above the board, and just in front of the external malleolus. Another piece of the same iron is attached behind the inner malleolus. A leather loop is fastened at the end of the board, through which a bandage is passed and carried over the instep to prevent the foot from slipping back. The board and projecting irons are carefully padded. A few turns of a roller bandage secures the heel between the two fixed points. Now the bandage is carried over the instep from without *inwards* under the board, then between the board and foot from without *inwards*. Turn the bandage back over the foot from within *outwards*, and the toes can be drawn outwards to the desired extent, the foot being used as a lever between the fixed iron points.

The wound healed entirely in three weeks. The board was worn for fourteen weeks, which I think was unnecessary, the patient using crutches.

Three times a *delicate point* of nitrate of silver was drawn through the bottom of the wound, which gaped one and one-half inches (38 mm.). This prevented the growth of granulations at the bottom of the wound, and allowed healing to take

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place from the sides by the skin gradually crawling downward into the wound. By this process, and keeping the feet constantly extended, the inner and shortened side was lengthened nearly an inch (25 mm.). The feet were flexed upon the leg by a cord passing from the end of the board to a strip of adhesive plaster secured to the leg.

FIG. 3.

Fig. 3 is from a photograph showing the result of treatment —taken fourteen weeks after operation.

After photographing, a Sayre's shoe was put upon the right foot, and an ordinary shoe with a stiff counter upon the left. The muscles are rapidly developing and sensation is perfect in both feet. The patient can walk rather awkwardly without shoes, the feet showing but little tendency to relapse. The theory that a cicatrix invariably contracts, drawing the parts to their original deformity, has, I think, been demonstrated by Dr. Alfred C. Post, of New York, to be incorrect. In his paper upon deformities from burns, recently read before this Society, the Doctor proves that if the parts divided be kept upon the stretch until the wound is thoroughly healed the cicatrix will not contract and reproduce the deformity. If this is an established fact, and I think it is, why may we not lengthen the contracted side of club foot by keeping it constantly extended after a free incision? In this patient I am sure that I did. The result in this case and others with which I have had to do has led me to arrive at the following conclusions :—

*First*, That division of deep structures lying contiguous to important blood-vessels and nerves should be performed by careful open incision.

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*Second*, That in all cases of varus, in which there is a decided shortening of the inner side of the foot from the contraction of the tissues, free division of the contracted tissues by open incision and fixed extension of the parts is the shortest and most satisfactory route to a cure.

*Third*, That all cases of varus should be at once extended as nearly as possible to the normal position before any appliance whatever is put upon them.

*Fourth*, When by manipulation and a reasonable amount of force and time the foot cannot be extended to a normal position, more can be done with a scalpel or tenotome in five minutes than can be accomplished in weeks, and often months, by all the mechanical appliances known to surgery.

NOTE.—Since reading the above paper I have operated upon another case—a little boy seven and one-half years old, suffering from an extreme equino varus of the right foot.

(FIG. 4.)

Fig. 4 shows the foot before and twenty-eight days after the operation. The astragalus was subluxated forward, making a serious deformity. A large and painful bunion had formed over the metatarsal-phalangeal articulation upon the dorsum of the foot, marking the point upon which rested the weight of the body during locomotion. All tissues excepting the artery and nerve and long calcaneo-cuboid ligament were cut. It was with great difficulty that the subluxation of the astragalus was reduced after the incision was made. Each step of the operation and after-treatment enumerated in the case of the little girl was followed in this case.

The wound, which gaped one and one-half inches (38 mm.), and extended to the bone, was entirely healed by the fourth

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week. At this time an ordinary shoe with a stiff counter was put upon the foot, and the little fellow runs about, the foot turning outward and being nearly free from deformity. I find that the cicatrix is somewhat sensitive, and has contracted but little. The inner side of the foot has materially lengthened. The atrophied muscles are fast regaining their normal tone and size. I had the pleasure of exhibiting this patient to Dr. Alfred C. Post, of New York, who was called to this village just twenty-eight days after the operation, and a day or two after putting on the stiff shoe. As to the extent of deformity, age of the patient, mode of operating, duration of treatment, and general result, I think he will verify every statement made. In a letter bearing date April 30, 1881, the Doctor says:—

"You are at liberty to say that I have seen your patient, upon whom you operated for talipes by open incision, and that I regard the result as a very remarkable success."

In another letter, dated June 14th, 1881, he says:—

"I have operated on two cases of talipes equino varus by open myo-tenotomy. The first case was that of a child three months old. The degree of the deformity and the rigidity of the parts involved were such as I do not recollect to have seen before in so young a child. I divided the skin, the plantar fascia, the flexor brevis digitorum, the flexor longus, flexor accessorius, tibialis posticus, flexor longus hallucis, flexor brevis hallucis, abductor hallucis, etc. Having secured the vessels, I drew the foot nearly to its normal position and filled the wound with picked lint dipped in carbolized oil, ten per cent. I then applied adhesive plaster and bandages, holding the foot nearly in its normal position. I omitted to state that I made a subcutaneous division of the tendo achillis. I performed the operation on May 7th, and on June 11th the wound was healed, and the foot when bandaged was brought into a position of slight flexion and abduction, that is, not only as far as the normal position, but a little beyond. The result was satisfactory in the highest degree. No tractile force was employed, except normal extension followed by a roller bandage and strips of adhesive plaster. The second case was that of a little girl two and one-half years old, under the care of Dr. Jacobi, at Mt. Sinai Hospital. Dr. J. requested me to operate, and I did so, following substantially the same course

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as in the former case. The case is not under my own care, and I have not been able to follow it up closely; but it is, on the whole, doing well.

## *Discussion.*

Dr. A C. POST, of New York: Mr. President—I think that Dr. Phelps is entitled to very great credit for the operation performed in this case. There are many cases of club foot in which subcutaneous incisions are inadequate for the division of the constricting bands. That is, it would be unsafe to make incisions through a puncture of the skin to such a depth, and such an extent, as would effectually liberate the parts involved in the contraction. I have met a number of cases in which division of the superficial parts gave very imperfect relief, and I think it is safer, if the operation is to be performed on the deep tissues, that it should be done openly rather than by subcutaneous incision. I am strongly of the opinion that pursuing a course similar to that pursued by Dr. Phelps may cure some inveterate cases of club foot otherwise incurable.

Dr. JACOBI: Mr. President—Dr. Post might have added that he performed the same operation in another part of the body in the same way, although he gives the entire credit of the operation in his remarks to Dr. Phelps.

Dr. POST said the case which the Vice-President, Dr. Jacobi, referred to was one of torticollis in a boy sixteen years of age, which had existed from his earliest recollection. On account of the rigidity of the contracted muscles, a subcutaneous incision would not make a perfect cure, so the Doctor finally performed the operation openly, and with perfect success. He saw the case six months after the operation and it was entirely cured. He did not think the subcutaneous incision could accomplish what the open one did. There was no more irritation from the open wound than would have been obtained from subcutaneous incisions.

Dr. J. C. HUTCHISON, of Brooklyn: Mr. President—I was pleased to have the description of this operation presented to us. It is somewhat novel, so far as I know, and the results shown in the photograph are certainly satisfactory. They encourage us to hope for good results in bad cases. The method which I have adopted myself in these cases, and all cases of club foot, is in the first place to ascertain whether the foot can be brought into its normal position, or nearly so, by pressure with the hand simply. If that can be done, as a rule no operation is required. And in a vast majority of cases the only operation necessary, I think, is a division of the tendo achillis. For several years past I have not been in the habit of dividing any other tendon. The gastrocnemii muscles, when contracted, not only raise the heel but also invert the foot. Now, any gentleman can satisfy himself of this by the application of a Faradaic current to the muscles; in the first place the heel is elevated and then the foot is turned inward as in talipes varus, indicating that this condition of varus it due largely to the contraction of the muscles of the calf. Where the foot can be brought nearly into a normal position, I think the best way is to apply the plaster of paris. After applying it, twist the foot around in a straight position, and hold it until the plaster sets. This will hold it very firmly. After a week it should be taken off and the foot twisted still further until you finally get it perfectly straight, and most cases can be cured in that way. After the foot has been straightened by the plaster dressing, an ordinary club foot shoe should be applied. The advantage in using plaster of paris first, is that the pressure, however great, does not

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produce excoriations, etc., because it presses so uniformly on every surface of the foot, whereas the club-foot shoe, if applied at once, is likely to produce excoriations, because it presses more upon some points than on others. I have no hesitation in cutting the tendo achillis if the foot can not be brought around straight. At any rate it shortens the treatment very much,—and also sometimes I divide the plantar fascia. In such cases as that shown here the operation of excision of one or more of the bones has been often practiced. I should very much prefer the operation performed in the case presented this afternoon, and should do it in a similar case.

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## XXIV. ON THE EARLY DIAGNOSIS OF SOME ORGANIC DISEASES OF THE NERVOUS SYSTEM.

By E. C. SEGUIN, M. D., of New York.

Probably no one would deny the desirability and utility of making an accurate diagnosis of disease at the earliest possible period, and one of the results of recent progress in the medical art is increased possibility in this direction. We can recognize diseases which, though existing, were unknown to practitioners of thirty or fifty years ago, and we can also determine the existence of some of these affections at a much earlier period of their evolution than we could ten or even five years ago. The sciences of semeiology and of diagnosis have unquestionably progressed greatly in the last generation, and this is more especially shown in the history of specialties, as opthalmology, dermatology, gynecology, and neurology. I may be permitted to say that it is a duty and privilege of the specialist to inform the profession at large of the advances made in his department in diagnosis and therapeutics, in order to enable the general practitioner to apply the new knowledge, or the confirmed old knowledge, to the advantage of his patients.

It is with such a motive that I would call your attention to the possibility and desirability of an early diagnosis of two or three organic diseases of the nervous system. Probably I shall name no new symptoms, but will aim to call your attention to the really valuable symptoms of these affections, and to the significant grouping of these symptoms.

I have selected three affections, which are now quite well known to us, and yet which, judging from my experience, are frequently ignored during long terms of their formative periods: I refer to posterior spinal sclerosis (progressive locomotor ataxia), dementia paralytica, and cerebral tumor.

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I. *Posterior spinal sclerosis, or progressive locomotor ataxia.*

While willing to admit the occasional occurrence of abnormal cases of this disease, in which ataxia appears with little premonition, yet I claim that the general practitioner at the present day should diagnosticate the disease in the clearly defined first stage, or pre-ataxic period, which may last from a few months to several years. The vast majority of cases exhibit this first stage, and its symptoms are peculiarly characteristic, if not pathognomonic. In general terms the symptoms of this first stage consist in peculiar pains, and in reduction or abolition of reflex movements in different parts of the body, and from a combination of these a diagnosis of great probability of accuracy can be made years before the patient's gait becomes disordered.

If we assume that nineteen out of twenty victims of posterior spinal sclerosis pass through this neuralgic or pre-ataxic stage, we shall not be far out of the way.

The pains of posterior spinal sclerosis are almost pathognomonic, especially when described by an intelligent educated patient. They have the following characters:—

*a.* The pains are vagrant; they occur in innumerable spots in the affected parts—so much so that patients who have long had them are unable to fully enumerate the localities in which they have suffered; or, rather, they can hardly name a region which has escaped.

*b.* The pains do not, as a rule, occur in the course or distribution of recognized nerve-trunks or branches; they are local pains, and this peculiarity may serve (with *a*) to distinguish between the pains of sclerosis and those of true neuralgia (sciatica, etc.).

*c.* The seat of pain is commonly in an area of skin varying in size from that of a pea to that of a small hand. In many cases pains are also referred to the muscles, to the vicinity of bones, and even to articulations and viscera.

*d.* The pains are paroxysmal in a completely irregular manner: they may occur every few moments for hours in one spot, or may be altogether wanting for weeks; or at times a single pain is the signal that the disease is not cured. It seems probable that the atmospheric disturbance which precedes a storm (areas of low barometer) causes an increase in this symptom, or even calls it forth.



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*e.* The pains are sudden and vary in severity from the sensation caused by the penetration of a small knife-blade to what we may imagine to result from tearing through the tissues with a hook or large knife; or the sensation is like a painful electric shock. Perhaps most of the pain in such cases is in the shape of stabbing pains in an ovoid or round area of the skin (foot, thigh, arm, shin, etc.), repeated every few seconds for hours or even a day or two. The suffering is often such as will make the strongest-willed man writhe and shriek. The description of the pain, *i.e.*, their comparison with known sensations or physical conditions, varies greatly, according to the fertility of the patient's imagination and his command of language. From their suddenness and electric character the pains of posterior sclerosis are often called fulgurating or terebrating. The seat of pain usually is hyperalgesic, *i.e.*, painful to the lightest touch during the paroxysm; yet firm pressure sometimes gives relief.

*Second.*—Diminution of various reflexes throughout the body.

This is best observed in the iris and at the patellar tendon, though the constipation and imperfect micturition which are such frequent symptoms of the disease are phenomena of the same order.

*a.* The impairment of iritic reflex action ("pupillary reflex") was first intelligently studied in 1869 by Dr. Argyll Robertson, of Edinburgh. His observations have since been abundantly verified by numerous observers, and an exhaustive paper on this subject has been published by Prof. W. Erb, of Leipzig, in the *Archives of Medicine*, October, 1880. Robertson and others noticed that the pupil of tabetic patients did not dilate in the shadow and contract in the light, as do normal pupils; and they further observed that during the effort of accommodation there occurred a normal pupilary contraction. In other words, the reflex iris movements were abolished, while the associated quasi-voluntary movements were preserved. These phenomena I have observed in almost all my patients suffering from posterior spinal sclerosis, and I am in the habit of calling the attention of students to the symptom. In two of the patients under my care this condition is not present, but there have been cases of abnormal sclerosis, in which all the symptoms appeared in a most irregular manner.

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The pupils in a suspected case of posterior-spinal sclerosis are to be tested in the following manner: the patient is placed, seated or standing, facing a brightly illuminated window, and told to keep his look fixed on some distant object, such as a house or tree. By alternately closing and opening the lids, or better, by shading the eyes with one's hand momentarily, it is easy to see if the pupils change diameter. It is of the utmost importance that the patient's intelligent assistance be secured, in order that his gaze shall remain adjusted for distance. In a given case the absence of reaction to light having been noted, we next hold up one finger or a small object within a foot (30 ctms.) of the patient's face and bid him look at it. At once the pupils contract and do so in proportion to the accommodative effort and the coincident convergence; when the patient looks at the distant object, and relatively or absolutely relaxes his accommodation, the pupils dilate again.

The finding of such a condition of the pupil—the *Robertson pupils*, if you will allow the expression—is now considered of nearly as much importance for diagnosis as the occurrence of fulgurating pains.

*b*. Diminution and abolition of reflex action in the peripheral apparatuses is best studied in the knee.

We test the so-called patellar reflex or knee-reflex or patellar tendon-reflex in the following ways: the patient being seated, is told to cross one leg over the other in a natural manner, and to let the muscles relax; or seated, we place our left hand under the popliteal space, tell the patient not to help us, to let the leg hang loose, or, in popular parlance, "dead," and lift the whole limb so that the foot swings a couple of inches (5 ctms.) above the floor; then we tap the skin over the whole of the region from the insertion of the quadriceps femoris to the tuberosity of the tibia, with one or two finger-tips applied as in percussion. The place whence a reflex quadriceps contraction is most apt to occur is about midway between the lower end of the patella and the tibial protuberance. The taps should be gentle at first, and if these fail, harder ones are to be tried. A third mode of procedure, which is very good indeed, is to seat the patient on a table so that his legs dangle some two or three inches (5 to 7 ctms.) beyond its edge; then we tap the patellar region as above described, without supporting the thigh with our left hand. The test may be well

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done through the patient's clothing, yet it is desirable, especially in doubtful cases, to tap the bare skin. Another important precaution is to secure the absolute relaxation of the patient's muscles, and to divert his attention from what you are doing. Even with all precautions it is sometimes next to impossible to secure this indispensable muscular relaxation. In the healthy subject this test develops a contraction of the quadriceps extensor femoris and causes an extension of the leg, or a sudden jerk. In a very early stage of posterior spinal sclerosis no contraction takes place.

I would also call attention to the occasional occurrence of reflex movements of the thigh produced by the contraction of the iliac group of muscles during the knee-test. I have an example of this distant reflex action in a typical case of sclerosis of the posterior columns, in which the quadriceps does not contract at all.

While claiming very great diagnostic value for this negative symptom, I would not be understood as attaching pathognomonic significance to it, as we all know that there are a few seemingly healthy individuals in whom the patellar tendon-reflex is lacking, and also that there are other diseases which diminish or abolish it. Indeed, I may say, that I recognize no pathognomonic symptom, and even in attempts to push diagnosis to an extreme delicacy, would urge that reliance be placed on the grouping of symptoms, rather than on any one of the signs, however constant and important it may appear.

Physiologically analogous to this condition of loss of tendinous reflexes is the flabby state of the muscles in the affected parts. This is not due to any positive atrophy, as electrical tests show no marked departure from the normal reactions; but to impairment of what physiologists call muscular tonus, a state of partial contraction or tension of muscles which is kept up by the inevitable and continued excitation of the cutaneous nerves by air, clothing, surrounding objects, etc., acting in a reflex way through the spinal cord. It has been recently claimed that this loss of muscular tonus was the most important factor in the production of the ataxic movements which characterize the second stage of the disease.

The vesical and rectal reflexes are diminished in posterior spinal sclerosis. Slow, irregular micturition is complained of by most patients, in the first stage and in the second. We

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usually micturate without using much volition, but the tabetic patient is obliged to strain and try hard to pass water. Defecation is, like micturition, a semi-voluntary act, and in the late first stage of the disease in question constipation becomes more and more marked, and that through loss of the automatic or reflex action of the rectum and adjacent muscles.

The sexual act is, in my experience, frequently impaired and sometimes almost lost before the second stage sets in. The acts of erection and emission are usually brought about in a reflex manner by irritation of the skin and mucous membrane of the genitals. As a result of diminished spinal reflex action we have imperfect erections, and either premature emission, or, what is more common, I believe, very slow production of the orgasm, and impossibility of repetition within a reasonable time.

Some writers admit abnormally great sexual powers in the early stages of tabes, but I am not sure to have met with more than one or two cases in which this seemed to be the case. In one of the patients, a female, I became convinced that her extraordinary capacity for sexual intercourse was not in a strict sense pathological or pre-tabetic, but had been marked in one shape or another from childhood.

It seems reasonable at the present time to advance this general proposition: that in posterior spinal sclerosis the various reflex actions performed by means of those portions of the cord which are the seat of sclerosis, are diminished or lost; or, to put it in another way more useful for practice, it may be said that the limitations of loss of reflex action in different parts of the body accurately indicate the limits of sclerosis in the posterior sensory apparatus in the spinal axis.

*Third.*—The occurrence of paralysis of ocular muscles.

A very large portion of tabetic patients tell of past or present diplopia, and in a certain number of cases the ocular paralysis precedes the pains and ataxia by several years. So true is this statement, that it has become an established practice with neurologists and ophthalmologists to suspect posterior spinal sclerosis in adults who present themselves with strabismus, diplopia, or ptosis. In such a case we should carefully question the patient about the occurrence of fulgurating pains, test the pupilary and tendinous reflexes. I need

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hardly add that an obligatory line of inquiry in such cases is with reference to symptoms of syphilis.

The same remarks apply to atrophy of the optic nerve, which is occasionally an early symptom.

I have not the time to refer to the gastric, laryngeal and rectal crises and the peculiar forms of arthritis which once in a while occur early in the disease.

It seems to me that, by a critical appreciation of the above symptoms in a patient, the diagnosis of the first or neuralgic stage of posterior spinal sclerosis is as certain as the diagnosis of any internal disease, not excepting such as pneumonia or valvular cardiac disease. Several autopsies are now on record, made during this first stage, and in these, sections of the cord showed sclerosis of the posterior columns. I have one such observation of my own: fulgurating pains for about thirty years, absence of patellar reflex while under observation (two years), dilatation of one pupil, no trace of ataxia. The sclerosis of the posterior columns in this patient's spinal cord is visible to the naked eye.

It is objected that the pains of ataxia are not absolutely reliable for diagnosis. This may be true when the patient is stupid, or when the physician is not careful to ascertain the precise character of the pains.

The only two conditions in which pains somewhat resembling fulgurating pains occur, in my experience, are paralytic dementia and gout. In the former disease, slight fulgurating pains—"smaller" pains, if I may be allowed the expression—are described by the patients; but in many of these cases autopsy shows that, besides the cerebral lesions proper to the disease, the posterior columns of the cord exhibit pathological alterations; so that these cases are, after all, *quasi*-tabetic. The sharp pains of gout are short, stabbing pains in the skin of various parts of the body, compared by the patients to the prick of a needle, cold or hot. There is no tendency to repetition of the pain in one spot for hours or days; the sensations appear in various parts of the body, and are bearable. It is but right to add that this statement is based on very few observations, and requires verification.

The differential diagnosis of fulgurating pains, from pains of neuralgia strictly speaking, is very easy. In neuralgia the pain is in the course and distribution of one or (seldom) two

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nerve-trunks and their branches; it may be paroxysmal, but does not assume the excessive irregularity of the tabetic pains —agony for a few hours, and freedom from pains for hours, days, or weeks. The hyperæsthesia in fulgurating pains is at the seats of pain. In neuralgia we find regular "tender points" along the nerve-trunk, or where its branches become superficial. The lightest touch causes pain in the painful districts in tabes, while the tenderness of nerves in neuralgia is usually demonstrable only by firm, localized pressure. Further, true neuralgia is seldom bilateral, while it is the rule for fulgurating pains to appear on both sides of the median line—in both lower extremities, for example. A last important distinction is that neuralgia is relievable or curable, whereas fulgurating pains are practically incurable, and are fully relieved only by morphia injections.

The confusion so often made between "rheumatism" and the first stage of sclerosis is even less pardonable. Of course no practitioner would mistake fulgurating pains for articular rheumatism; the error is with respect to "rheumatism," so-called, affecting muscular masses, and aponeuroses. In these affections the pains are usually dull, nearly constant, and distinctly aggravated by movements. Pressure must be firmly made upon the parts to produce pain, whereas in fulgurating pains the condition is one of cutaneous hyperalgesia under a slight touch. Again, this "rheumatic" condition is distinctly amenable to treatment (counter-irritants, etc.,) whereas the pains of posterior spinal sclerosis are, in one sense, incurable.

II. The second disease of the nervous system to which I would direct your attention as the object of more exact and earlier diagnosis is *paralytic dementia*. By this term is meant the passive form of an affection which consists in peri-encephalitis, adhesion of the meninges, and various secondary degenerative changes in the brain, and in the posterior columns of the spinal cord. Chronic peri-encephalitis also presents itself in an active or delirious form, which is known as general paralysis or paresis. In neither form is there a positive condition of paralysis at any time, except as a complication from the occurrence of cerebral hemorrhage or softening. Both the semeiological names, paralytic dementia and general paresis, are, strictly speaking, misnomers; yet we accept them as sufficient.

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The semeiology of peri-encephalitis is complicated, and it would be beyond the scope of this essay to describe it in detail. I merely wish to call your attention to the symptoms which, in my opinion, are earliest in their appearance and significant of an incurable disease. These are tremors or fibrillary contractions in various muscular groups, especially in the tongue, facial, and brachial muscles; a tremulous, thick, and vibratory speech; inequality of the pupils; dementia.

The tremor of paralytic dementia probably first makes its appearance in the facial and lingual muscles. It consists in non-rhythmical contractions of small muscles or of fasciculi of muscles, which are either present in the quiescent state of the features, or are excited by emotion or by the performance of a voluntary movement, as showing the tongue or the teeth. Sometimes innumerable fine fibrillary tremors cover the face, while in some cases the movements are coarser and irregular enough to merit the term choreic. The tongue exhibits both sets of tremors—the very fine fibrillary ones and the large choreic oscillations. There is also, though usually at a later stage, some shriveling or atrophy of the tongue.

The hands are tremulous, usually in a fine semi-rhythmical way. This trembling is sometimes scarcely visible, but is perceptible as a delicate parchment-like fremitus on holding up the patient's extended fingers between ours. In the lower extremities the tremulousness is not apparent.

The speech is affected as a result of this tremor and as the result of a certain want of co-ordination in the muscles of articulation. Words are quickly spoken, with some syllables omitted or blurred, or with a terminal syllable left off. The articulate sounds which are produced are heard as vibratory or tremulous, and the speech seems thick. Patients semi-unconsciously avoid long or difficult words in conversation, and even seek roundabout ways of expressing their meaning by shorter words. Besides this vibratory tremulousness in articulation, there is an imperfection in the pronunciation of words, long words especially. Remedy is pronounced "remdy;" constitution, "constution;" infallibility, "infallaby." The last syllable may be badly sounded or even omitted. I have known this characteristic speech to be the only well-marked symptom, and to be followed by dementia, exaltation, etc. Occasionally a patient comes to us complaining of this defec-

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tive articulation. I now recall two such cases, one of which died three years later in a German private asylum, with all the symptoms of general paralysis.

Just as spoken language is affected by the facial and lingual tremor, so is the handwriting altered by fibrillary contractions in the muscles which govern the movements of the fingers. A tremulous, jagged, wholly irregular handwriting results, and in some cases, where dementia is present, words or syllables are frequently omitted in composition.

The pupils in paralytic dementia are either very small or irregular, usually the latter. The reaction of the iritic muscle to the influence of light may be diminished or abolished.

I may here say, by way of parenthesis, that small and unequal pupils in a person of middle age, from twenty-five to sixty, should lead to the inquiry of a possible existence of one of three morbid states, viz.: paralytic dementia (or general paralysis), sclerosis of the posterior columns, cardiac or aortic disease (intrathoracic disease).

In my experience, the patellar tendon-reflex is often increased in paralytic dementia.

The dementia or failure of mental power is sometimes impossible to detect until after the more peripheral, physical symptoms have existed for some time. It is possible for the psychical symptoms to precede the physical; sometimes the two appear to develop simultaneously; usually, I believe, the physical symptoms already studied are apparent for months before the mind shows decay.

Dementia is evidenced by impairment of memory for recent events, by loss of the power of comparison, and consequently of judgment. Many of the automatic or quasi-automatic acts of every-day life which form a part of the patient's manner and individuality are badly performed or omitted. This leads to what is known as change of character in the subject; he becomes less neat in his attire or personal cleanliness; he loses his table-manners, handling his spoon, fork and knife awkwardly, soiling his clothing with drippings of food, etc. This impairment of judgment is probably one of the factors in the immorality and tendency to alcoholic indulgence which are so frequent in this disease.

Yet, in the midst of this increasing moral wreck, so visible to the immediate relatives of the patient, there may remain a

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degree of correctness in thought and success in every-day occupation which may impose upon strangers, and even upon a judge and jury. The things which the patient is in the habit of doing every day, and about which he has thought many years, such as professional work and business transactions, may be fairly well executed, while the tremors, pupilary irregularity, impaired articulation and handwriting, together with alteration of moral character, make the medical observer recognize a fatal, progressive disease of the brain. The cases come more frequently under the observation of general practitioners than under that of the specialist, whether asylum physician or neurologist. They are very frequently in our midst, and their early recognition may save much disgrace and impoverishment to families, though, alas! it does not pave the way for more successful therapy.

I would repeat that a person exhibiting tremors of the facial muscles of the tongue and hand, a vibratory and slurred speech, angular or tremulous handwriting, and irregular and small pupils, should be suspected of having chronic peri-encephalitis or paralytic dementia. The addition of gradual failure of mind—dementia—makes the diagnosis certain. In case there should be superadded exalted notions, with maniacal attacks and epileptiform seizures, the case deserves the name of general paresis, and as such is the form more usually seen and studied by asylum physicians.

It has been claimed in the last few years by Fournier and others that cerebral syphilis, in the shape of arteritis, partial arachnitis and localized periencephalitis, might give rise to the symptoms of paralytic dementia. I am in accord with Dr. Julius Mickle and others, in believing that it is often possible to distinguish the idiopathic from the syphilitic dementia. The latter is, comparatively, much more acute (or less chronic,) in its development; in it we do not observe the very fine muscular tremors as an early symptom; the pupilary disturbance consists usually of mydriasis of one side, with or without other signs of third-nerve palsy; the speech defect is a coarse thickness in pronunciation, rather than a vibratory, tremulous sound, which, when once heard, can never be forgotten. There are well-marked paralytic symptoms, usually hemiplegic, and decided epileptic phenomena in syphilitic cortical diseases. The dementia is seemingly more

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profound, causing an apparent imbecility with want of control over the sphincters. Altogether, the symptom-group is much more threatening in appearance, yet great improvement or even apparent cure may be obtained in very bad cases by the use of mercury and the heroic dosing by iodide of potassium. This therapeutic proving of a disease is of course valuable in practice, but logically it cannot be termed a diagnosis, and it is a reproach to the present state of our science that in several types of disease we should be obliged to resort to it.

III. The third organic disease of the nervous system which should, it seems to me, sometimes be recognized with positiveness much earlier than it now is, is *tumor of the brain.*

In making this statement I am perfectly aware that some cerebral tumors produce no distinct or special symptoms during life, and that others produce incongruous and apparently paradoxical symptom-groups. Some years ago, before the physiology of the brain was as well understood as it is now, we could offer no explanation of the perplexing cases which seemed to destroy our rules of diagnosis. To-day we have acquired an approximately correct knowledge of which portions of the brain (cerebrum especially,) are excitable and capable of causing symptoms, and which are inexcitable, and may be the seat of extensive disease without clear indications. This I say without reference to the finer localization theories of the last five years. We know quite positively, for example, that extensive lesions may exist in the anterior and inferior portions of the frontal lobes, in the sphenoidal lobes, and in the occipital lobes of the cerebrum, and in one-half of the cerebellum, without causing any symptom specially useful for diagnosis, such as will be considered later on. We have also learned, from Flechsig's researches, that the decussation of the motor tract just below the anterior pyramids of the medulla oblongata is variable in amount, and that in some cases there may be no crossing of fibres, or hardly any. This important law of variability in the pyramidal decussation enables us to correctly appreciate the rare cases in which a cerebral lesion produces symptoms (paralysis or spasm) on the same side of the body as itself—cases which have been so urgently pressed upon the profession by Brown-Séquard in the last ten years as proofs that our physiological laws of cerebral action and of the productions of symptoms were all

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wrong. These laws stand to-day, I believe, only strengthened by the exceptions which have been adduced.

All I wish to say is that tumors located in what we now term the excitable region of the cerebrum, or the motor zone, are capable of very early recognition.

The region which receives the name of motor zone is irregular in shape, and perhaps its limits are not yet well ascertained. In a general way we may say that it includes the median region of each hemisphere, in particular the posterior extremity of the third frontal convolution, the upper half of the second and first frontal, the ascending frontal and ascending parietal convolutions, the anterior gyri of the island of Reil, the paracentral lobule on the inner surface of the hemispheres, and, perhaps, a large part of the upper set of parietal convolutions. These are the motor convolutions, and embrace the so-called motor centres of Ferrier. Besides, we must include under the name of motor zone, or region, those fasciculi of white substance which connect the above-mentioned gyri with the crura cerebri, constituting the anterior half (or less) of the internal capsule as it passes between the nucleus lenticularis on the outer side and the nucleus caudatus and thalamus opticus on the inner side.

The succeeding remarks apply to tumors which involve any of this large expanse of cerebral substance, either in its external gray matter or in the fasciculi of white substance lying between the motor convolutions and the central gray bodies.

The symptoms which I think are characteristic of tumor in the motor zone of the hemispheres are:

Localized convulsions in peripheral muscles; equally localized paralysis of peripheral parts; neuro-retinitis or choked disk; localized headache. The symptoms are named in the order of their frequency and importance.

The initial convulsions of cerebral tumor are sometimes restricted to one side of the face, one hand, or even two fingers, or one leg. The spasm is usually tonico-clonic, but may be wholly clonic or jerky. In many cases this localized spasm is unaccompanied by loss of consciousness or vertigo, and it may remain localized in the part first affected during many attacks, extending over weeks and months of time. The patient feels the muscular contraction before it becomes evident, thus constituting a sort of aura. In some cases almost from

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the first, in nearly all cases after a while, the convulsion involves more muscles on one side of the body; it seems to ascend or descend, to use the patient's expressions, and there results a hemiplegic epileptic attack with loss of consciousness. Again, the attack may begin in a small peripheral part, involve the whole of one side of the body, and later affect the opposite side, thus constituting a full epileptic attack. The patient is able to watch the progress of the spasm for a number of seconds or minutes before losing consciousness or being thrown down, and we may take advantage of this peculiarity to instruct the patient in the use of the tourniquet or bracelet, placed on the limb just above the seat of first spasm, to cut short the attack by pressure.

This distribution of spasm, and its possible occurrence without loss of consciousness, are signs which most positively distinguish these symptomatic convulsions from the ordinary epilepsy which we constantly encounter.

As early as 1827, a French physician, Bravais, described the hemiplegic form of epilepsy and showed its relation to gross cerebral disease; but it is to Hughlings Jackson, of London, that we owe the physiological study of these cases, and of cases of more limited epilepsy, and the first demonstration of the dependence of localized spasms upon limited lesions of the opposite cerebral hemisphere.

Indeed, in prosecuting these clinical and post mortem studies, Hughlings Jackson laid the foundation for the vigorous hypothesis of cerebral localization, as Ferrier states in the dedication of his book on the "Functions of the Brain" to this illustrious physician. So far as my own experience goes, autopsies have invariably verified the theory of localized epilepsy which I have stated, and the journals of the last five or six years contain numerous corroborative cases. As the evidence now stands, chronic localized convulsions must be looked upon as almost positive indications of a localized lesion in the opposite cerebral motor zone, most probably a tumor.

What I have said of localized convulsions applies to localized paralysis. It, like spasm, may be limited to a small muscular group, or to one half of the body; it may begin in a part and gradually extend. In general terms paralytic phenomena follow in the wake of the convulsions at a distance of weeks or months, and have the same distribution.

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Neuro-retinitis, or choked disk, is a frequent result of tumor within the cranium, but this symptom may, on the one hand, be absent with a large or even monstrous cerebral sarcoma, and on the other, it does not afford any indication of the locality of the tumor. The notion which was current a few years ago, that neuro-retinitis was pathognomonic of cerebral tumor, is wholly without foundation.

From my observations I am led to conclude that the occurrence of localized convulsions and paralysis, without choked disk, is valuable evidence of tumor, while choked disk without localized spasm and paralysis is merely a basis for suspecting a tumor. The association of the two sets of symptoms makes up almost positive proof of the existence of a neoplasm. A diagnosis based on this symptom-group is quite as secure as that of any other disease giving rise to local physical signs.

The value of headache, of localized cranial pain more strictly speaking, is also variable. By itself it is not strictly indicative of tumor, but with either the choked disks or with localized motor disturbances it becomes highly significant.

The co-existence of the three symptoms justifies a positive diagnosis of the cerebral tumor.

Had I more time I should like to speak of the possibility of a still finer diagnosis in cases of tumor of motor districts of the brain. We are sometimes enabled, through recent advances in experimental physiology and pathological anatomy, to localize tumors within an inch or two (2½ to 5 ctm.) of their actual situation, in the regions known as centres for speech, centres for the face, centres for the arm and hand, centres for the leg, and centres for both arm and leg. The future for neurological medicine is pregnant with discoveries in this direction, which will have very practical application.

My purpose on embracing the opportunity of addressing you was to make a sketch of the scientific and logical basis for progress in the direction of early diagnosis.

The affections whose semeiology we have studied—cerebral tumor, paralytic dementia, and posterior spinal sclerosis—are as yet incurable. Yet, if we can ever hope to apply remedies to them successfully, it will have to be done at the earliest moment when their recognition is possible by the general practitioner, who naturally has charge of the cases in their incipience.

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## XXV. SUMMARY OF CASES OF ACCOUCHEMENT FROM JUNE 8TH, 1819, TO MAY 1ST, 1879.

BY J. B. COWLES, M. D., of Durham, Greene Co., N. Y.

[Transmitted by the Medical Society of the County of Greene.]

The whole number of births was 2247, (63 premature); males, 1153; females, 1094.

Cases of twins, 26; males, 10; females, 10; males and females, 6.

Delivered by forceps, 14; three children died.

Craniotomy cases, 4; four children died.

Face presentation, 4; two children died.

Placenta previa, 4. Adherent placenta, 4.

Monsters, 2; two children died.

Deranged development, 4.

Convulsions, 5; five children died.

Foot presentations, 40; two children died.

Breech presentations, 5.

Shoulder presentations, 3; one child died.

Arm and hand presentations, 4; one child died.

Both hands presentations, 2.

Funis presentations, 4; one child died.

Imperforate anus, 1; one child died.

All other cases natural or head presentations not interfered with particularly.

In all cases of placenta previa my custom has been to relieve as soon as possible by the use of ergot and plugging the vagina.

In adherent placenta, if natural effort does not soon relieve, I introduce the hand after ergot is administered and detach with care. If hemorrhage supervene after the extraction of placenta, I excite action by pressure externally and internal manipulation until the normal action is restored.

In treating all cases of convulsions of seven months, bleeding in the arm and anti-spasmodics gave relief. These cases resembled hysteria epileptica. In the other cases of convulsions, were puerperal apoplexy. Those cases were relieved by opening the temporal artery and labor came on in one hour and consciousness returned. These cases had been bled previously in the arm twenty-four hours before, without relief.

Two cases of monstrosity; one of them the left limb, looked like an amputated stump at the lower third of the thigh. One hand was attached to the forehead, a mere sac of fluid occupying the left side of the head.

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The other case had the appearance of having the lower viscera pressed out above and below the pubes, I relate this case as peculiar, from the history given by the mother. While she was milking, the cow trode upon a chicken and pressed out its viscera. The mother at this time was about three months advanced in pregnancy. The child when born resembled the chicken. (Query, did the effect upon the mother's mind produce the results in the child?)

In the case of imperforate anus no passage could be found. The child was a male. There were two cases of kyllosis. In one case the foot turned in, in the other case the foot turned out. Two cases of hair-lip occurred; in one of these there were a deficient os-palati and vomer. The child died very soon. In the other case an operation was successful. In one case of twins at seven months, labor was superinduced by tapping for dropsy of the amnion, by which thirty-six pounds of fluid passed off, which afforded relief. One child lived eight days; the other forty-eight hours. In the other case, (in which it had been previously necessary to deliver twice by craniotomy, on account of contracted pelvis,) in order to relieve the anxiety of the mother, and hoping at the end of seven months the child might live, premature labor was induced. One child lived five weeks, the other but a few days. Afterwards the woman died in child-birth, having fallen into unskillful hands.

In all cases except head and face presentations I have pursued podalic version with satisfactory results.

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## XXVI. A REVIEW OF THE SECOND TRIAL OF JESSE BILLINGS, JR., FOR THE MURDER OF HIS WIFE: TRIED AT THE SARATOGA OYER AND TERMINER, BALLSTON, APRIL, 1880, MR. JUSTICE PORTER PRESIDING: TAKING CHIEFLY INTO CONSIDERATION THE MEDICAL EVIDENCE AND THE BEARING IT HAS UPON MEDICAL JURISPRUDENCE.

By LEWIS BALCH, M. D., Professor of Anatomy, Albany Medical College; Attending Surgeon to St. Peter's Hospital, the Childs Hospital, the Homœopathic Hospital, the Day Nursery; Member of the Medical Consulting Board Hudson River State Hospital, Poughkeepsie, &c., &c.

In the hamlet of Northumberland, Saratoga county, on the evening of the 5th of June, 1878, the time about half past eight in the evening, while sitting in front of a window, a

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lighted lamp upon the table before her, Mrs. Jesse Billings, Jr. was shot, dying instantly from the effect of the bullet. The window shade was pulled up about one-third the height of the window, and the shot entered the glass about seven and one-half inches (19 cms.) from the bottom of the sash, and two and one-half inches (6.3 cms.) to the left of the central stile, as looked at from without in. Mrs. Billings was sitting about three feet (91 cms.) from the window. Upon being raised from the floor to which she had fallen, a wound of entrance was found on the left side, above the meatus auditorius externus about one-half an inch, (13 mm.) and another wound larger in size, on the right side back of the ear. An autopsy was made by Dr. F. Gow, the coroner, assisted by Dr. C. S. Grant, of Saratoga Springs. The head only was examined, and the cause of death pronounced gun-shot wound of the head. The coroner's inquest followed, and as a result Jesse Billings, Jr. was arrested and held to await the action of the grand jury. He was indicted and tried for the crime at the Saratoga Oyer and Terminer, held at Ballston, October, 1878. The trial resulted in a disagreement of the jury, eleven standing for acquittal and one for conviction. Mr. Billings was released from custody on bail, and again tried for his life in April, 1880.

Not being fully satisfied with the autopsy first made, the people's counsel had the body raised, and requested Dr. John Swinburne, of Albany, to make a further examination of the head. The cause for this act was the claim, on the part of the defense in the first trial, that *all* the lead fired at the murdered woman was found by the physicians holding the first autopsy, and the people wished to know whether more lead did not remain in the skull. Dr. Swinburne removed the head from the trunk, taking only the bones of the skull, sawing through the external angular processes and the anterior roots of the zygomatic arches. After maceration the skull was cleaned, careful search being made for any particles of lead, none however being found, and the broken bones wired together. The skull so prepared was put one side, and produced in evidence at the second trial. A brief summary of the evidence, for and against, may give a clearer idea of the medico-legal question upon which the experts were called to decide.

The people claimed that they proved: That Jesse Billings,



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Jr., the husband of the murdered woman, alone had a motive for wishing her death. That he had twice before threatened her life, once by chloroform and once by arson. The morning after the murder, footprints were found in the flower beds in the yard. These were traced from there to a fence dividing the Billings yard from a garden belonging to the next neighbor, a person by the name of Reed. Still following these tracks, they led through this fence, some little distance in the Reed garden, again over the fence through an orchard, and a cornfield as far as a lane on the other side of the field. Here was a gate, known as the "Red Gate," and evidences were found of a horse and wagon having been hitched there for some little time. From this point the tracks led to an old unused well in a meadow the other side of the lane. From the old well they led back again to where the horse was tied, and there ended. Where the footprints were clear and distinct in the soft earth of the flower beds, they corresponded to the rubber boots worn by the prisoner the night of the murder. This the people claimed they showed clearly, for the "frog" on the sole of the boots was peculiar, and a like mark was found in the tracks. The tracks further showed the maker to be in haste, and yet a listening haste, for at one point near where they left the Reed garden and passed into the orchard, the person making them evidently stopped to listen, and then resumed his flight. Though carefully searched for, no weapon was found at first, until some one suggested to examine the old well. This well was known only to a few, it having been long in disuse, and merely covered by loose boards. It was searched, and from it drawn up a gun, a Ballard carbine of the old pattern, which three witnesses swore they believed to belong to Jesse Billings. In their belief it was the same weapon that much looking had been done for, as for a long time it had been lying about in Mr. Billings' store and after the murder could not be found, until the officers drew it from its hiding place in the old well. In the chamber of the carbine was an empty shell, proved on the trial to belong to the make of cartridges known as the "commercial long 44." This gun became an important feature in the case, and much of its bearing as to the question, "was it the weapon?" was referred to the medical experts.

The prosecution further showed that an ordinary man would

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have had time to do the murder, run the distance claimed, drop the gun in the old well, take the wagon at the Red Gate, drive to Squire Washburne's, the place where Billings claims he was when his wife was shot, and still reach this Squire Washburne's at the time the prisoner said he did. The people further showed that Billings admitted he was out on his farm that night, to salt his sheep and repair some fences, so the cattle should not stray, and that while doing this he had his horse hitched in the lane. It was also clearly proved that the cattle could have easily strayed to the main road for the gate was left open, Billings himself stating before the coroner that *he did not shut it in his hurry.* The conduct of the prisoner was such as to call for careful scrutiny. When told the fact that his wife had been injured, he answered in words indicative of knowledge not only as to the kind of injury, but also its result. Upon reaching his home, his daughter accused him of the murder almost in so many words. He took no measures to find the murderer. When officers proposed methods of search, he advised delay, stating the whole affair was a conspiracy to ruin him. Another fact was brought out: A dog belonging to the family was in the house at the time of the murder. This dog was in the habit of barking whenever strangers or others than the family approached the house. It did not bark the evening Mrs. Billings was shot. The servant-maid testified Billings said to her, "*that shot went where it was intended,*" and the people claimed he knew what he was talking about. Upon these several main points the case for the people went to the jury.

In defense an alibi was sought to be established. The tracks were disputed. The time Billings reached Washburne's was made a special and strong point, and that the time was so short between the firing of the shot and of the prisoner's being at Washburne's that it was utterly impossible for him to have committed the murder. That a man was seen in rapid flight, going from the scene of the killing, down the tow-path, that this man was seen running from near the house just after the shot was fired, and that a hat produced in court and found on the tow-path was the one worn by the fleeing murderer.

The defense in the first trial claimed that all the lead fired

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was found in Mrs. Billings' head. In the second trial, however, the same claim was not made, but that it was a smaller ball than a "44," and its full weight less than 220 grains (14.256 gm.) That in consequence the Ballard carbine could not have been the gun from which the shot was fired; for it not only called for a "44" ball, but would throw a bullet with such force that it necessarily must have gone entirely through the head. They further claimed powder marks and grains of powder to have been found in the window-sash, showing the weapon to have been near the wood-work, and that the hole in the glass was not large enough to admit a full-sized 0.44 of an inch ball. Upon these general points the defense went to the jury and won a verdict.

It will be seen that each side laid stress upon the character of the weapon used; one claiming it to be the Ballard carbine produced; the other that it was a pistol. The question was for the medical experts to answer: What would be the effect upon the skull from the firing of a 44 calibre ball from a Ballard carbine, the ball weighing 220 grains (14.256 gm.) being propelled by 28 grains (1.814 gm.) of powder? Another: What would be the effect upon the ball? To these two main questions, clearly ones for a medico-legal jurist, others were added not belonging to medicine but to general knowledge.

In answering the first question propounded, much naturally depends on the part struck by the ball, but in this case we can only consider the effect when the ball strikes various parts of the head, in comparison with the effect produced on the Billings' skull. Starting out with the proposition that we are dealing only with a 44 calibre ball weighing 220 grains, (14.256 gm.) having 28 grains (1.814 gm.) of powder, being fixed ammunition, such as is known as the "44 long commercial cartridge," manufactured by the Union Metallic Cartridge Company, of Bridgeport, Conn., I will not take the time to speculate what might be the effect were the bullet of less size and weight; but leave that question to inference. That this is the ball we have to do with, is proven by Mr. Leet, of the Union Metallic Cartridge Company, who testified to the shell taken from the carbine and the ball taken from Mrs. Billings' head, as, in his opinion, being of the character referred to. Mr. Leet could not find upon the ball the "lands and grooves" or the marks of the rifling of the gun, but from other characteristics was positive the ball was a "44 long."

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Mr. Hepburn, of the Remington Rifle Works at Ilion, N. Y., testified that he, also, believed the ball a "44." He could not find the lands and grooves, but the heel of the ball and the lines and scratches upon it showing a left-handed twist to the barrel from which it was fired, served, in his opinion, to draw the ball taken from Mrs. Billings' head into the Billings carbine; for this left-handed twist is peculiar to this make of rifles.

First-Lieut. Charles C. Morrison, of the United States Ordnance Corps, also testified to his belief that the Billings bullet was of 44 calibre.

Mr. Lewis, of Troy, N. Y., did not think it of such size. He was one of the defendant's experts; but another expert on the part of the defense, Professor Jacob S. Mosher, of Albany, *did*, by actual measurement fix the size of the ball. Mr. Lewis and Dr. Mosher both found what they considered to be, and swore to as, the "lands and grooves," and so distinctly that they could accurately measure them. Dr. Mosher did thus measure, and when announcing the result, gave first of all the ball to be of 36 or 38 calibre, but shortly corrected himself, for he found some slight errors in his calculations, and the corrected statement proved the claim of the people, that the ball was a "44." Although Dr. Mosher later in the trial again changed his mind as to size, still his own careful measurement of the "lands and grooves," he could so clearly point out, could only make the ball one that was able to fit and be fired from the Billings' gun. It is fair to assume then when experts on bullets, men whose whole business has lain for years with fire-arms and ammunition, swear that this ball was of .44 calibre, and Dr. Mosher, who also testified to a large and varied experience with fire-arms, finds by actual measurement the ball *to be* a .44, that Mr. Lewis, of Troy, was mistaken when he thought it was not of that calibre.

The defense maintained it could not be a ".44." The hole in the window pane showed that. Both of the experts for the defendant believed a ball could not make a smaller hole than itself when passing through glass. This supposes that the ball after being fired is of the same calibre as before, for the one fired if striking any substance harder than itself is necessarily upset, is incapacitated from being used to test the hole made by its passage through the glass, leaving for a measure

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then a ball of the same character that has *not* been fired. We will see how this supposition is carried out farther on.

The original window produced in court was no criterion. From repeated handling the hole made by the bullet had become enlarged and changed in shape. Mr. Leet in experiments of shooting at glass, obtained one shot in which the full sized unfired .44 ball would not wholly pass. In a series of forty-five rounds, fired with the Billings' carbine, at distances ranging from two to seventy feet (61 cms. to 21¾ meters,) some at varying angles, others point-blank, the object, glass of the same size and thickness as the Billings' window, I obtained one shot where the hole made would not admit a full sized ball. I give the record of the shooting as taken at the time :—

FIRING RECORD.

Ballard carbine, old style, .44 calibre, long cartridge, 220 grains (14.256 gms.) lead, 28 grains (1.814 gms.) powder. Experiments made May 8th and 10th, 1880, in the 10th Reg't Armory, Albany, N. Y. Shots fired through glass set in sashes; glass 28x13½ inches, (71 by 34 cms.) double thick, American make.

FIRST SERIES.

| No. of shot. | Distance. | Direction. | Character of hole. | Size of hole. | No. of shot. | Distance. | Direction. | Character of hole. | Size of hole. |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 10 ft. (3 m.) | straight | round | ball passed | 12 | 8 ft. (2.438m) | oblique | irregular | ball passed |
| 2 | " " | oblique | irregular | " " | 13 | 10 " (3 m.) | " | " | cartridge passed |
| 3 | 8 " (2.438 m.) | " | " | " " | 14 | " " | str'ght | " | " " |
| 4 | " " | " | " | " " | 15 | 3 " (0.914m) | " | glass bl'wn out | |
| 5 | " " | " | " | " " | 16 | 10 " (3 m.) | " | round | ball barely " |
| 6 | 10 " (3 m.) | straight | " | " " | 17 | 20 " (6 m.) | " | irregular | cartridge passed |
| 7 | " " | oblique | " | " " | 18 | 10 " (3 m.) | " | round | ball barely " |
| 8 | " " | straight | " | " would not [pass | 19 | 70 " (21¼ m) | " | irregular | cartridge " |
| 9 | " " | " | round | " passed | 20 | " " | " | round | ball " |
| 10 | " " | " | " | " " | 21 | " " | " | " | " " |
| 11 | " " | oblique | " | " " | | | | | |

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SECOND SERIES.

| No. of Shot. | Distance. | Direction. | Character of hole. | Size of hole. | No. of Shot. | Distance. | Direction. | Character of hole. | Size of hole. |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 10 ft. (3 m.) | oblique | round | cartridge passed | 13 | 10 ft. (3 m.) | str'ght | irregular | ball passed |
| 2 | " " | " | irregular. | " " | 14 | " " | oblique | " | cartridge passed |
| 3 | 10 ft. (3 m.) | straight | " | " " | 15 | 8 ft. (2.438m) | str'ght | round | " " |
| 4 | " " | " | " | " " | 16 | " " | " | " | ball " |
| 5 | " " | " | " | " " | 17 | 10 " (3 m.) | oblique | " | cartridge " |
| 6 | " " | oblique | " | ball barely " | 18 | " " | " | square | " " |
| 7 | " " | " | " | cartridge " | 19 | " " | str'ght | round | ball " |
| 8 | " " | straight | " | ball " | 20 | 6 " (1.828m) | " | " | cartridge " |
| 9 | " " | " | " | cartridge " | 21 | 4 " (1.219m) | " | irregular | " " |
| 10 | " " | oblique | " | ball " | 22 | 3 " (0.914m) | " | " | " " |
| 11 | " " | " | " | cartridge " | 23 | " " | " | " | " " |
| 12 | " " | straight | " | " " | 24 | 2 " (0.609m) | " | glass bl'wn out | |

SUMMARY.

| | |
|---|---|
| Balls unable to pass, | 1. |
| " barely passed, | 3. |
| " " | 18. |
| Cartridge " | 21. |
| Glass blown out, | 2. |
| Total, - - | 45. |

Six rounds were fired from a Colts' navy revolver, old style, .36 calibre, at distances varying from 10 to 20 feet (3 to 6 meters). The holes made were so large that the barrel and ramrod could be passed without touching.

These experiments were made in the presence of several witnesses, and each shot and its result noted when made. One shot made a hole through which a full sized ball would not pass. I do not consider it such a wonderful or impossible feat that such was the case. A ball, conoidal in form, passing with great velocity, strikes glass. It punches a hole, but does not fracture the glass around the point of entrance. The point struck is instantaneously disintegrated, and so rapid is the shock that it has not time to call upon the surrounding particles for support, hence the smallness of the hole. As glass is

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made it varies in elasticity. Some parts of the sheet which is to be cut into panes, cool more quickly than others. These become, therefore, more brittle, while the portions longer in cooling retain more elasticity. A bullet then, striking a portion of glass cooled slowly, strikes an object which will yield somewhat to the force. Doing this, the hole made would be smaller than if a more brittle part had received the ball. Further, all rifles taper more or less from breech to muzzle. That is, the muzzle will measure one or more hundredths of an inch (4 mm. or more) less than the breech. The bullet being forced through the narrower aperture, yields to the pressure and becomes smaller. The gun under consideration was measured at the National Armory, Springfield, Mass., and found to be .44 at the breech or chamber, and .423 at the muzzle. Considering these various statements, the one that a ball of known size will make a hole through glass smaller than the size of the ball when fired, is not one admitting doubt as to its verity.

But the weight of the ball was too little. The Billings ball weighed 165 grains, (gms. 10.691) and had it been a ".44 long," it should have weighed more. In firing at human skulls, the subjects in all the trials but the last two, being placed in a sitting posture, and in some a sash like the Billings window in front of the subject, I found the ball to lose lead according to the amount of resistance it met with, and the amount of bone ploughed in its passage. The experiments proved conclusively, if nothing more, that the weight of a ball taken from a body after being fired, it having traversed bone in its flight, is not positive evidence of the weight before firing. An exception might be made to this in a slight degree. As ammunition is now manufactured, bullets run in uniform weights, small-arms being brought to a uniformity of calibre. When the rifle or pistol is one of old style, muzzle loading, and the bullets are made by hand, then great variety of weight is to be expected, but the muzzle-loader has been almost universally succeeded by the breech-loader, and fixed ammunition has taken the place of loose. The weight of the ball, therefore, taken after firing, may lead to the weight of the full ball before firing, only by recognizing the fact that a ball always loses some lead when passing through bone. If the ball given is of the kind used in fixed ammunition, the full

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sized ball will be of greater weight than the one recovered post mortem. In this case we have but 165 grains (10.691 gms.) of lead. From what has been stated before, the bullet was proved of .44 calibre. We find in fixed ammunition, balls of .44 calibre of different weights, one weighing 205 grains (13.283 gms.) belonging to the army revolver, another of 220 grains (14.256 gms.) and to this latter class it was claimed the bullet killing Mrs. Billings belonged, for that is the weight of the ball in a ".44 long," and the shell found in the carbine told the class. In proof of this I refer to the following table, stating that as in the former experiments the rifle used was the one produced at the trial, and the ammunition the "commercial long .44" :—

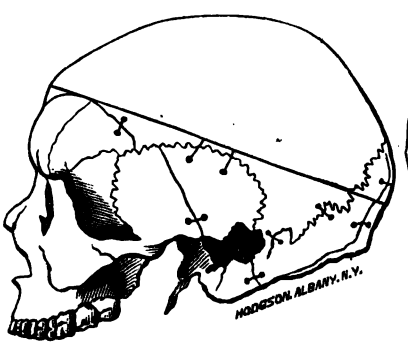
FIRING RECORD SHOWING LOSS OF LEAD.

Ballard carbine, old style, 44 calibre, long cartridge, 220 grs. (14.256 gms.) lead, 28 grs. (1.814 gms.) powder. Experiments made in the Dissecting Room of the Medical College, Albany, N. Y.

1st Shot, through glass, distance 13 feet (3.962 meters,) from subject:—

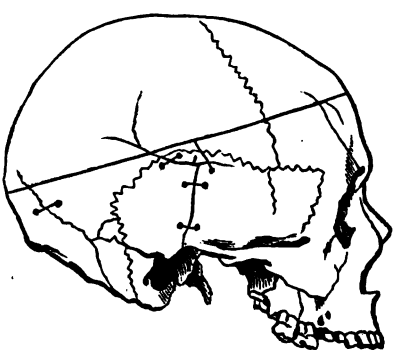
| | | |
|---|---|---|
| Weight of ball | 220 grs. | (14.256 gms.) |
| " " recovered | 178.216 grs. | (11.551 gms.) |
| " of lead found | 15.430 " | (1 gm.) |
| Total weight of lead recovered | 193.646 grs. | (12.551 gms.) |
| Loss, not found | 26.354 " | (1.705 gms.) |

FIG. 1.




Point of entrance of ball.

FIG. 2.



Place of exit.

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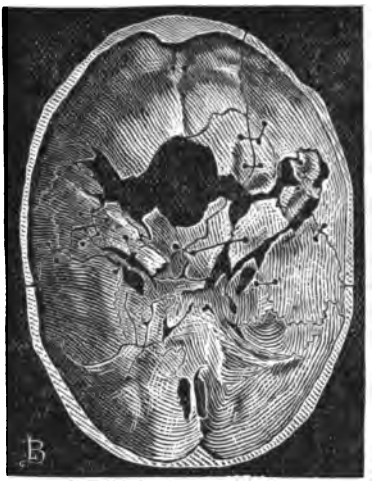
FIG. 3.



Both petrous portions in position.

2d Shot, through glass, distance from subject 18 feet, (5.486 m.):—

Weight of ball.....220 grs. (14.256 gms.)
" " recovered.....198.320 grs. (12.851 gms.)
" of lead found.....000.000

Total weight of lead received....198.320 grs. (12.851 gms.)
Loss, not found..... 29.680 " (1.405 gms.)

FIG. 4.

Petrous portions in position.

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3d Shot, no glass, distance 25 feet (7.62 m.) from subject:—

| | | |
|---|---|---|
| Weight of ball | 220 grs. | (14.256 gms.) |
| " " recovered | 208.932 grs. | (13.538 gms.) |
| " of lead found | 000.000 | |
| Total weight of lead recovered | 208.932 grs. | (13.538 gms.) |
| Loss, not found | 11.088 " | (0.718 gms.) |

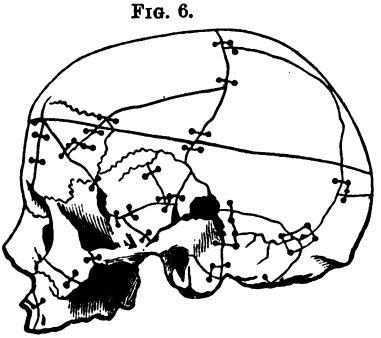
FIG. 5.

Left petrous portion present.
(Owing to extreme fracture of base, the right petrous could not be wired in its place.)

4th Shot, no glass, distance 35 feet (10.668 m.) from subject:—

| | | |
|---|---|---|
| Weight of ball | 220 grs. | (14.256 gms.) |
| " " recovered | 215.875 grs. | (13.988 gms.) |
| " of lead found | .154 " | (0.010 gms.) |
| Total weight of lead recovered | 216.027 grs. | (13.998 gms.) |
| Loss, not found | 3.975 " | (0.258 gms.) |

FIG. 6.



Point of entrance.

FIG. 7.

Both petrous portions in position.

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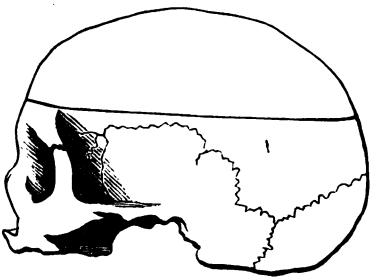
5th Shot, no glass, distance 10 feet, (3 m.) from subject :—

| | | |
|---|---|---|
| Weight of ball | 220 grs. | (14.256 gms.) |
| " " recovered | 169.443 grs. | (10.979 gms.) |
| " of lead found | 000.000 | |
| Total weight of lead recovered | 169.443 grs. | (10.979 gms.) |
| Loss, not found | 50.557 " | (3.277 gms.) |

FIG. 8.



Point of entrance just in front of mastoid process.

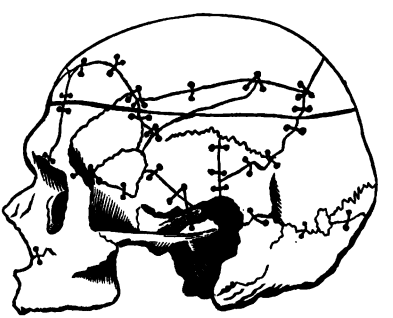
FIG. 9.

Left petrous portion crumbled. Right in position. The ball passed under the base on the right side.

6th Shot, no glass, distance 10 feet (3 m.) from subject :—

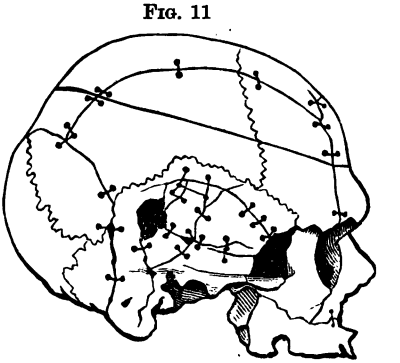
| | | |
|---|---|---|
| Weight of ball | 220 grs. | (14.256 gms.) |
| " " recovered | 159.291 grs. | (10.321 gms.) |
| " of lead found | 000.000 | |
| Total weight of lead recovered | 159.291 grs. | (10.321 gms.) |
| Loss, not found | 60.709 " | (3.935 gms.) |

FIG. 10.



Point of entrance.

FIG. 11



Point of exit.

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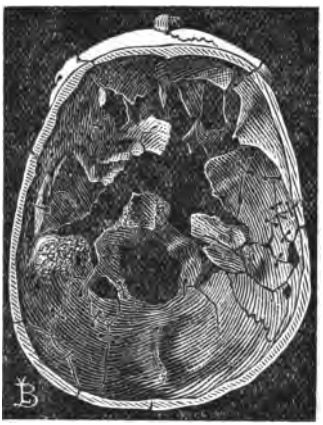
FIG. 12.



Left petrous portion crumbled.
Right in position.

Looking at these six experiments we find varying losses of lead, all bullets used being the same general weight. In the last two trials, it will be noticed, the distance was but ten feet (3 m.) from the muzzle, yet more lead was lost than in any of the other four. Part of this may be explained by what we shall see hereafter concerning the course of the ball, and part by the fact that both balls were fired at "close quarters." The least loss recorded took place at the longest distance, thirty-five feet (10.668 m.). As I have said, this, in part, accounts for the loss of lead, for at ten feet (3 m.) the bullet has not acquired its greatest amount of penetrating power. By actual experiment, then, it is seen that a 220 grain (14.256 gm.) ball, fired at the human skull, will lose more lead than was found gone in the Billings bullet, thus disposing of the question raised by the defense that the ball could not have weighed 220 grains (14.256 gms.) before being fired.

From certain marks found upon the sash, marks made by powder, the defense claimed the muzzle of the piece was very close to the glass. That had it been this carbine, the glass must necessarily have been blown from the sash, for by Dr. Mosher's testimony, it would not carry unexploded powder more than two feet (61 cm.), or to quote the testimony, "within one or two feet (30 to 61 cm.), and a very great presumption in favor of one foot (30 cm.), not to exceed one foot (30 cm.)." Within that distance the moving body of gases would shatter

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the pane. If we examine into this point a little more closely, its seemingly strong bearing in favor of another weapon than the Billings carbine will lose some, if not all of its force. In order to test the matter I made a series of experiments. Seven boards, placed at distances from two to ten feet (61 cm. to 3 m.) from the muzzle, were successively fired at. The following is the record taken at the time, and I would say every shot fired was in the presence of witnesses, every shell marked, and the boards after the experiments sealed in a package, which seal was not broken until they were produced in court.

EXPERIMENTS TESTING POWDER MARKS.

Ballard carbine, old style (Billings), .44 calibre, commercial long .44 cartridge. Experiments made May 6th, 1880, 10th Reg't Armory, Albany, N. Y.:

Experiment No. 1, board No. 1, distance 10 ft. (3 m.), 6 grains [particles] powder.
Experiment No. 2, board No. 2, distance 10 ft. (3 m.), 5 grains powder.
Experiment No. 3, board No. 1, distance 8 ft. (2.438 m.), 9 grains powder.
Experiment No. 4, board No. 4, distance 6 ft. (1.828 m.), particles too numerous to count, also lubricant.
Experiment No. 5, board No. 5, distance 4 ft. (1.219 m.), particles too numerous to count, also lubricant.
Experiment No. 6, board No. 6, distance 4 ft. (1.219 m.), particles too numerous to count, also lubricant.
Experiment No. 7, board No. 7, distance 2 ft. (0.609 m.), particles too numerous to count, also lubricant.

Producing these boards in court, they were submitted to Dr. Mosher, and he found "what looked like" powder in all. Taking the boards, each in turn, some of the grains were picked from the wood and placed on glass. A platinum wire point, heated by Dawson's galvano-cautery battery, being brought in contact with the grains, demonstrated whether the particles would explode or not. At ten feet no flash could be elicited. At eight feet and from that down, distinct flashes were seen. The carbine, therefore, could carry unexploded powder far enough to remove the danger of the glass being shattered by the gases following the discharge. This latter result I found in my experiments to take place at from two to three feet (60 to 90 cms.)

Another point claimed by the defense was, that this ball, taken from Mrs. Billings' head, had been fired from a weapon of low velocity, and that accounted for the fact that the ball

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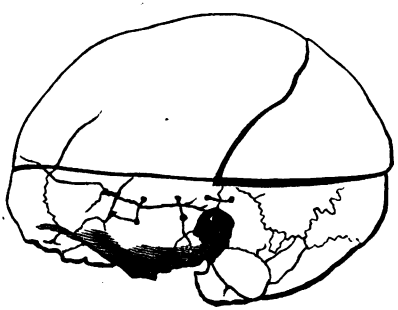
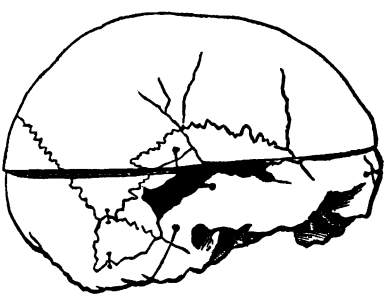
failed to pass out of the skull. Lieutenant Morrison,* U. S. Ordnance, who tested the carbine with government velocimeters at the Springfield Arsenal, testified the mean velocity obtained to be 998.8 feet (327.625 m.) per second. Had the velocity been as high as was thought by the defense, from 1,300 to 1,400 feet (426 to 459 m.) per second, ordinary rifle velocity, the argument that a ball from such a weapon would always go through the skull, would have been more difficult to combat. But with the velocity found by actual tests, the energy of the ball was lessened almost one-half. The correct energy was found to be 521.1 foot pounds, a very different affair than if it were about one thousand.

FIG. 13.



Mrs. Billings' skull. Point of entrance of ball.

FIG. 14.



Mrs. Billings' skull. Hole made by piece of bone being driven outwards backwards.

The bullet which killed Mrs. Billings did not pass entirely through the skull. It entered as already stated on the left side. On the right side a wound was found over the mastoid portion about two inches (51 mm.) in length, undoubtedly made by a piece of bone cutting its way outwards. At the bottom of this wound, lodged in the upper surface of the petrous portion where it joins the squamous, lay the bullet. It ploughed into the petrous portion at this point, and broke before it a triangular piece of bone, part of the temporal opposite where the ball was imbedded. This piece, as testified to by Dr. Grant, was pushed outwards, cutting through the tissues and making the wound above noticed. This is an impor-

*I would record my thanks to Captains Staring and Greer, and Lieutenant Morrison, of the Ordnance Corps, for their courtesy and kindness in offering me every facility for making what tests I wished of the Billings carbine.

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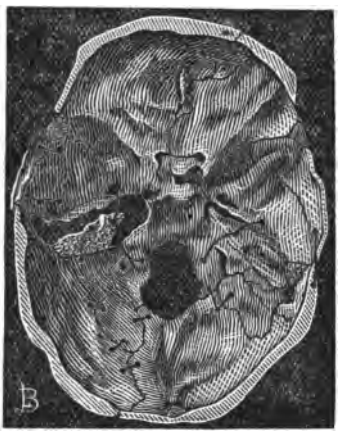
tant fact. We have here strong resistance to the ball, for this piece of bone, in cutting its way out, cut through the fascia of the temporal muscle, the superficial fascia, and the skin, the latter a force of such elastic character, that it often stops a ball which has traversed much less bone than I shall show this to have done. Besides this factor in the non-passage of the ball through the skull, we have its evident downward course at the point it was found, which, for it led it into the right petrous portion, caused more resistance than its already impaired energy could overcome.

FIG. 15.



Mrs. Billings' skull, inside view, showing left petrous portion gone, and on the right side, the place where the ball lodged. The portion of what seems to be the petrous on the left side, is in part mastoid and part petrous, the inner point belonging to the latter, and holding the styloid and vaginal processes underneath.

I think if we look over what has just been said, we shall find the Billings' carbine could not only have been the weapon used, but that all the evidence points to it *as* the weapon. We have:—the gun found in the old well; the search for this gun; it having been about Billings' store up to or near the time of the murder, but not found after the murder till drawn from its hiding; three witnesses swearing to its identity; Billings' anxiety about it as shown by the evidence concerning his conversation with his clerk; the ball being by three experts declared to be of .44 calibre; Dr. Mosher making it so by measuring the "lands and grooves," of which he assumed five, the number in the carbine; other bullets of the same claimed calibre and weight, under nearly similar circumstances,

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losing as much or more lead; the weight of the ball putting out of consideration any of *less* weight, and from the known fact that leaden bullets lose some of their substance when passing through bone, it must have weighed more than 165 grains (10,692 gms.) before firing; that the marks on the ball showing the rotary motion given by the rifling, showed that rifling to be the left handed twist, the twist of the Ballard carbine; that it could carry unconsumed powder over two feet (60 cms.); that it was a weapon of low velocity; that in consequence its penetrating force was one-half that estimated by the defense; and, finally, that two witnesses obtained in experimenting a hole through glass which would not admit a full sized ball of the kind fired. I think the fallacy of the answer to the following question fully proven:—

(Question to Dr. Mosher:) "Is it possible upon any principles of physics or science that the bullet which was taken from Mrs. Billings' head, could have been fired from that carbine?"

A. "It is utterly impossible."

We come now to study the effects of the ball upon the bone, and look somewhat into the evidence as regards the amount of resistance met with by the Billings' bullet, as compared with those fired in the various experiments. The ball entering Mrs. Billings' head about half an inch (13 mm.) above the left meatus-auditorius externus, (Fig. 13,) passed through the major part of the petrous portion of that side, crossed over behind the dorsum ephipii in a somewhat curved line, and lodged at the junction of the right petrous and squamous portions, on the anterior surface of the petrous, (Fig. 13.) Here it ploughed for itself a resting place, and from here Dr. Grant removed it at the autopsy. For the first effect of the shot, we notice the skull was riven apart from before backwards, and from side to side. One main line of fracture leads from the wound of entrance to the foramen-lacerum-medium, through the body of the sphenoid to the right middle lacerated foramen, following on in the line of the glenoid fissure, thus separating the skull into two parts, anterior and posterior. Another main line ran forward from the body of the sphenoid a little to the left of the median line, crossing over to the right just behind the crista galli, ending over and through the right supra-orbital notch. This fracture posteriorly led from the left posterior lacerated foramen along the groove for the occipital



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sinus, upward to the left of the median line nearly to the lambdoidal suture. Several other smaller fractures radiated in different directions. The calvarium was not completely divided in two. Very nearly however, for a line of fracture ran from the upper edge of the bullet-hole upwards and backwards to the left parietal eminence, and from there to the corresponding boss on the right side. Here it was nearly joined by a fracture coming from the place where the ball lodged. The petrous portion of the left side was all gone except a small piece having the styloid process attached. The petrous portion of the right side was intact excepting the fracture already spoken of and the space ploughed out by the lodgment of the ball. By studying these lines of fracture we see the force was in such a manner that it tended to spread the base. This is the more apparent when we look at the point of impact. It is two-thirds the size of the ball, that is two-thirds its diameter on the base of the left petrous portion. As we all know, the petrous is an excessively hard bone traversed by various aqueducts and canals, but almost entirely devoid of cancellous tissue. Its position in the skull is that of a buttress, if I may use such a word. Any force then, such as a bullet striking it on its base, just tends to drive this wedge-shaped piece into the skull, separating the surrounding bones. It communicates the shock of the impact *before* it gives way to the force, and is itself crumbled. From this fact, in conjunction with its excessive hardness, it must necessarily offer the greatest amount of resistance to the passage of a ball, and so destroy to a great measure the penetrating force of the missile. When, however, it *does* break by reason of this very hardness, it breaks completely; breaks, if struck squarely, into such fine pieces as to preclude all possibility of restoration by art. This fact, and I claim it is a fact, I think will be fully proved when we come to study the specimens prepared from my experiments of firing at human skulls. If the ball had struck any other portion of the skull, numerous and various fractures would still be found, not mayhap in exactly the same lines, and the petrous portion if *not* struck would be broken into fragments that could easily be recognized. *The petrous portion would not be crumbled.*

When the force is applied then to the base of the petrous portion, it is transmitted across to the basilar process, the

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foramen lacerum medium being partially filled by fibro-cartilage. This serves as a buffer, and should the force not be great, small harm to the skull may be the result. Should, however, the force be such as is given by a bullet, then the shock is so sudden, so rapidly and strongly transmitted that a solution of continuity results. A ball could strike no portion of the head where greater resistance would be met, and the character of the fragments resulting from a fine comminution of the petrous portion is such as to cause great loss of lead.

By looking at

Fig. 16.

we find the entrance of the Billings' bullet marked by the dotted lines. The markings were made by Dr. Mosher and myself, while the doctor was on the stand, on a separate temporal bone. The continuous line marks the bullet hole in the skull presented by Dr. Mosher, to which reference will be made further on. I would say in explanation of the cut, that the photographer placed the bone in such a position that part of the under surface was exposed to the camera, thus making the ball holes appear higher than proper. Taking this entrance point, careful measurements were made to see how much of the petrous portion the ball had to pass through, and it was found and so stated from the witness stand, that the bullet traversed all that bone lying between its entrance and the meatus auditorius internus. On the right side (Fig. 13,) we see the place ploughed in the anterior surface of the petrous portion where the ball lay. This course was carefully measured and we found the ball had passed through about two inches (51 mm.) of bone, and from what we have just found from the character and position of the bone, met with

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great resistance. In addition to these elements deadening the way of the ball, we must take into consideration the character of the skull, that is its thickness and denseness of bony structure. The measurements give:—

| | | | |
|---|---|---|---|
| Over right ear----- | 0.08 (inches,) | | (2 mm.) |
| " left " ----- | 0.09 | " | (2¼ mm.) |
| Frontal right------ | 0.28—0.28 | " | (7.1 mm.) |
| " left---- --- | 0.27—0.28 | " | (6.8 m. to 7.1 mm.) |
| Occipital right---- | 0.23 | " | (5.8 mm.) |
| " left----- | 0.29 | " | (7.36 mm.) |

These measurements show the skull more than of ordinary thickness, increasing, therefore, the resistance to the ball, it being a natural sequence that any article of a given material and a given form a quarter of an inch (6 mm.) thick, would require greater force to break than if only one-eighth of an inch (3 mm.). Not only was the skull of Mrs. Billings thicker than normal, but it was of very dense structure. By that I would mean more of the hard bony tissue than cancellous, for the diploë was almost entirely wanting. The skull was nearly ivory. The claim of the defense that a ball from this carbine would always pass through the head is one difficult of proof. When we take into consideration the low velocity, the consequently moderate amount of penetrative force, the resistance offered by the thickness and denseness of the skull, by the amount of bone ploughed, by the piece of bone pushed outwards on the right side through the slow yielding tissues and skin, the weight attached to the following testimony is but little.

(Question to Dr. Mosher:) "Is it possible for any condition to exist that would prevent the passage of a bullet fired from such a carbine as the Billings carbine from passing clear through the head?"

A. "No, sir."

In further presenting this part of the subject, I would call attention to the experiments before quoted. The engravings show fairly the tracks of the bullets. In all the ball passed through the entire skull. When the shot was fired at the longest range, thirty-five feet, (10.668 m.) it not only penetrated the skull, but penetrating the parietes continued its course through a hair cushion about four inches (10 cm.) thick, and was

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stopped by the wall, making an indentation in the plaster (Exp. No. 4, Figs. 6 and 7). The ball did not touch the petrous portion on either side, still both were broken. When the shot was fired at ten feet (3 m.) from the head (Exp. No. 6, Figs. 10, 11, 12), the subject, one so far decomposed that no resistance could be given by the skin, muscles or brain, the ball had but force enough to pass through the skull and roll from the table to the floor, and this in a skull much thinner than that of Mrs. Billings. Why this marked difference? In the one case the ball had attained its full velocity, and encountered but small resistance, passing as it did through the parietes. In the other it was at short range, and *ploughed the left petrous portion.*

The defense produced a skull upon which a like experiment had been tried, the Billings carbine being the weapon used. I wrote the description of this experiment from the testimony as given by Dr. Mosher, "with a gun which was furnished and understood to be the Billings gun, called by that name, a Ballard cartridge was fired through glass into a head, and the scalp and all the integuments as they were in life, attached to the trunk, and containing the brain, care being taken to throw the ball as near as possible in the same place, on the left side, as is marked on the Billings skull."

Q. "At what range was it fired?"

A. "At five feet (1.524 m.) from the glass, which was two feet from the skull."

Q. "What was the position of the subject?"

A. "The subject was placed in a semi-erect position, simulating as near as possible as to the position of the head, the position of a person sitting."

Q. "Proceed."

A. "After firing the ball was preserved, and an examination made of the skull to see the kind of injury that the ball had made in passing through it. It had passed through both sides of the skull and gone out of it, as a 44 calibre ball with an ordinary charge *always will.* The lower jaw was upset, thrown out of its place. My hand placed on the scalp found all the bones of the skull rattling. A most extraordinary and extensive series of fractures were apparent. On dissecting them apart the skull was found broken up in many pieces, so many that it was a matter of some work to get them together

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again to show the form of the skull after it was cleaned. In the track of the ball, which had struck the petrous portion, *which had struck fairly and comminuted it*, the ball had passed into the *petrous portion of the right side*, and gone out on the right side, leaving a hole four inches in diameter. There was a hole I could put my fist through when the scalp was removed."

Q. "How did it pass out on the right side?"

A. "*Just above* the petrous portion on that side."

Q. "Did you find the ball?"

A. "I found the ball, it had passed through and *lodged* in a piece of board which it had split."

Q. "Where did you find the ball?"

A. "It had *dropped* just in *front* of the board on the table."

The table was an ordinary dissecting table. It will be noticed that the ball passed through the head, but although it split the board, it had not sufficient energy left to enter the wood, but fell on the table, only a short distance beyond its exit from the skull. After describing the lines of the various fractures, Dr. Mosher gives the location of the ball at its entrance.

"The ball entered at a point just above the ear, and taking up about one-half the size of the ear as it entered. That will give an idea of its location. It passed through and struck *square the petrous portion* of the bone, and it is *gone*, or so broken up that it cannot be replaced. It passed over the petrous portion of the right side, which would indicate by its being present the amount of damage that was done to this side" (the left).

The ball which was used in this experiment, was sworn to as being before firing of 220 grains (14.256 gms.) weight. After having "struck square the petrous portion," and passed through the parietes, it weighed 207.06 grains (13.417 gms.) We will refer to this later.

Upon cross-examination, measurement of the bullet holes as seen in the skull presented by Dr. Mosher, and in that of Mrs. Billings were made. (Fig. 16.) These measurements brought out the fact that the ball in the Billings' skull entered its *full size lower and nearer* the meatus auditorius than the other. Or, in other words, the Billings ball struck more

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squarely the petrous portion; Dr. Mosher's bullet going mainly through the mastoid portion, merely touching the petrous as its upper edge turns to join the squamous. By measurement the amount of bone traversed by the two bullets, was found to be over two inches (51 mm.) in the Billings skull, and less than *one-half of an inch* (13 mm.) in the other. To follow the testimony further on, we find that in the débris saved by Dr. Mosher when cleaning the skull he presented, a large piece of the left petrous portion was found. It was handed to me when on the stand, and described as follows:—

Q. "Does the amount or condition of the débris in those two cases (Billings and Mosher,) indicate anything as to the extent of resistance which the ball encountered?"

A. "I think it does in this manner. I have in my hand a large portion of the left petrous portion."

Q. "How large?"

A. "The end of it, very nearly all of it; there is but very little more coming in there. (Indicating the base.) I tell it to be the left petrous portion by the fact that holding it in this position, (the normal one,) I find a hole which is the internal opening of the ear, pointing outwards and backwards, and then looking on the top of it, I find there a part which would tell me the position of the internal ear, (eminence over semi-circular canals,) and looking on the point of it *here*, I find where the carotid artery comes out, and turning it over, I find the canal where the carotid artery goes in. Then holding the bone in that manner, in the position in which it is in the skull, you see the carotid artery goes through *there*, takes that turn. I find one or two other marks about the bone, mere anatomical marks which show to me that this is the major part of the petrous portion of that temporal bone."

Clearly then the ball in Dr. Mosher's experiment did *not* strike the petrous portion of the left side *fairly and squarely*. Had the bullet so done, so much could not have remained as to allow the description given above. The resistance offered the two bullets *could not* have been the same. One does not need to study far nor deep to say, that a ball of given weight and velocity, passing through two inches (51 mm.) of bone, meets with more resistance than if it passed through only half an inch, (13 mm.) even supposing the bone to have been of like character in every way.

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Referring once more to my experiments, the only two bullets that ploughed the petrous portion, were those of the last two shots. In trial No. 5, the ball passed under the skull on the right side, after having crushed the left petrous. In trial No. 6, the ball followed more nearly the course of the Billings bullet, and had it struck on the right side, as the ball killing Mrs. Billings did, like it, it would have remained in the skull. In all the other experiments, however broken the skulls might be, the temporal bones could be found in the wreck, and in such pieces as to be easily vouched for. The experiments prove, I think, the soundness of the statement, that when a ball of sufficient weight and energy strikes the petrous portion of the temporal bone, that portion *crumbles*, but when the same ball with like power strikes other parts of the skull, the petrous portion is broken by the force of concussion, but *does not crumble.*

Whether a ball fired from the kind of weapon before referred to will always pass entirely through the head, I will leave for my hearers to decide. Many have had large experience in such matters, where bullets of greater calibre, driven by weapons of far superior power, have failed to pass out of the head. Our text-books and records show many such cases. Notwithstanding the fact that none of the shots I fired staid in the skull, the experiments have satisfied me, that at the range of ten or twelve feet, (3 to 3.6 m.) a ball from what is known as a ".44 commercial long" cartridge, fired from such a weapon as the Billings carbine, would, and it *ploughed the petrous portion*, stay in the skull as often as it would have energy left to leave it.

## CONCLUSIONS.

The conclusions I reach from the foregoing statements are as follows:—

1st. A leaden bullet passing through bone, loses lead in proportion to the amount of bone traversed.

2d. If the petrous portion of the temporal bone be the part struck by the ball, and struck squarely upon its base, that portion of bone is crumbled or broken in such exceedingly fine pieces as to defy restoration.

3d. That if the ball strike any other part of the skull, the petrous portion may be broken, but can be easily recognized and generally put again together.

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4th. That a ball of given calibre, fired through glass, may make a hole enough smaller than the full size of the ball be-

NOTE.—In further reference to this part of the subject, I would state I have to-day seen a base ball, thrown with great force and having a rotary twist, make a round hole through an ordinary window light, and when the ball was tried to be again passed through the same opening, the hole was nearly one-third too small. Dr. S. O. Vander Poel, Jr., of Albany, tried to pass the ball two or three times, convincing all who saw it that it had made a hole smaller than itself when passing through glass, the elasticity of the pane allowing it to yield.

ALBANY, N. Y., Aug. 18, 1881. LEWIS BALCH.

support, not only of the Legislature of the State, but of the public at large."

Twenty-four years have passed since the unanimous adoption of this resolution by this Society, during which period a building designed for the reception and care of inebriates has been erected, not, however, by appropriations from the treasury of the State, but by voluntary contributions, and by a certain percentage of the license moneys belonging to the several counties. This building, although only about half completed, was opened for the reception of inmates some twelve or fifteen years ago, and notwithstanding it had suffered from two calamitous fires, it was continued in comparatively successful operation down to the year 1879. The number of patients received and treated at the asylum since May 1, 1867, to the date of its being closed, is two thousand, three hundred and forty-four.

The erection of this institution had given to our State a pre-eminence as being the first state government in the world to approve, encourage and foster an asylum for the victims of drunkenness, which like the cities of refuge in ancient Israel, should afford them protection from the pursuit of a relentless foe. It had, moreover, attracted attention abroad—in England especially and on the Continent; and the example of our State had already been followed by the establishment of similar institutions in Nova Scotia and in Australia.



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Such were some of the circumstances attending the workings of the Inebriate Asylum, when in his annual message transmitted to the Legislature, January 7, 1879, Governor Robinson, among other subjects of public importance referred to it as follows :—

"From conversation with several of the leading managers of the New York State Inebriate Asylum, I learn that they consider the experiment for the reformation of inebriates, as hitherto tried in the asylum at Binghamton, a complete failure. I have long been of the same opinion. The law does not, and perhaps can not, properly provide for the forcible arrest, detention and control of inebriates. Consequently there are no patients at the asylum except such as consent to go there voluntarily. There is no power to restrain them of their liberty, and the institution has become practically nothing more than a hotel for the entertainment of wealthy inebriates, who remain there so long as they find it pleasant and agreeable, and when it ceases so to be they leave it, without anything approaching a permanent removal of their appetite for intoxicating drinks. The institution must, therefore, be regarded as having wholly failed to accomplish the laudable purpose for which it was undertaken, and to realize the high hopes on the part of the public for its success. I recommend that no further appropriations be made toward its support for its original purpose. The building is a spacious and convenient one, with a large farm attached to it, and it may, without much expense, be changed into a very commodious asylum for the insane who are are now confined in the county poor houses, and generally not well cared for, and for whom there is not sufficient room at the Willard Asylum. I understand that the Board of State Charities approve of this disposition of the building. I commend the subject to your careful consideration."

The foregoing extract is the entire portion of the message devoted to the subject of the Inebriate Asylum. The Legislature complied with the recommendation of the Governor, and an Act, entitled "An Act to abolish the New York State Inebriate Asylum, and to establish the Binghamton Asylum for the Chronic Insane, and to provide for the management thereof," passed May 13, 1879, (Chap. 280, Laws of 1879,) became a law, and the Inebriate Asylum ceased to exist as one of the

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charitable institutions of the State, and another designed for the care and keeping of the pauper chronic insane was created in its stead.

It may not be proper here to give expression to the just indignation which the perpetration of this gross wrong might very naturally excite among the founders of the Inebriate Asylum. That would now do no good, and like other wrongs when one is helpless must be submitted to and endured.

The resolution first referred to, remains unchanged and unaltered in our Transactions. It stands to-day the expressed opinion of this Society as to the propriety of restraint and medical treatment of inebriates in appropriate asylums, and in this manner an issue has been raised between this Society and the law-making power. It would appear that a proper respect for our position, as well as due consideration for the more immediate friends of the late inebriate asylum, make it eminently proper that something like a vindication of that institution from the aspersions of its enemies, and a just and true statement of its management and results, should have a place in our Transactions.

The law which gave existence and organization to the New York State Inebriate Asylum was passed March 27, 1857. It was entitled:—"An Act to amend an Act, entitled, 'An Act to incorporate the United States Inebriate Asylum for the reformation of the poor and destitute inebriates; passed April 23d, 1855,' and to change the name of this institution."

This act of incorporation contained, among other provisions, as follows:—

"§ 2. All persons who shall become subscribers pursuant to this act, shall be, and they are hereby constituted, a body politic and corporate by the name of the New York State Inebriate Asylum.

§ 3. Any person donating the sum of ten dollars to the asylum hereby incorporated, shall be deemed a subscriber and stockholder."

Section 8, of this Act, further provided that certain gentlemen, to the number of forty, should constitute the first Board of Trustees. Among those named were Chancellor Walworth, Washington Hunt, Benjamin F. Butler, William T. McCoun, William E. Dodge, Dr. John W. Francis and Dr. T. C. Brinsmade, and other eminent citizens of our State, all of whom

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manifested a very decided interest in the proposed institution, and gave their time and talents to promote its success. Further legislation subsequently became necessary, but nothing of much importance, until the Act passed May 27, 1873, by which the asylum was re-organized, the State adopting it as one of its beneficent institutions, and placing its management and support on the same footing with that of our lunatic asylums.

Down to this time no appropriations by the Legislature had ever been made for the benefit of the inebriate asylum. As before stated, the means for the erection of the building were derived from subscriptions and from ten per cent. of the excise moneys of the several counties, which, by law, the treasurer of each county was directed to forward to the treasurer of the asylum annually.

Of the propriety of such a use of a portion of the excise moneys there could be no reasonable doubt. It was surely eminently proper that a small fraction of it should be employed in picking up the shattered wrecks of humanity caused by drunkenness, and in preparing a hospital for their reception; that at least a portion of the injury with which the policy of granting licenses to sell ardent spirits by the drink is justly chargeable, might be mitigated.

As an earnest of good faith on the part of the Trustees, and as security that the farm and buildings should not be devoted to other purposes than those of an inebriate asylum, the law granting the excise moneys also required that the Trustees should make and execute to the State a deed of conveyance of all the property thereof, which condition was complied with and the deed executed and delivered.

It was in this way, and in this way only, that the State acquired title to the inebriate asylum and its appurtenances.

The Act of May 27th, 1873, made it the duty of the Legislature annually to appropriate the sum of six thousand dollars for the payment of the salaries of the officers of the institution. This appropriation had accordingly been made each year until 1879. This sum, with several small appropriations for the purpose of making repairs and preventing dilapidation generally,—the total sum not exceeding fifteen thousand dollars,—covers the entire amount ever drawn from the Treasury of the State for the purposes of the Inebriate

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Asylum down to the passage of the Act of May, 1879. It is true the State at that time held a claim of sixty thousand dollars with some accrued interest, in the shape of mortgage bonds previously issued to parties in the City of New York, by the Trustees of the asylum, and which had been assigned by the original mortgagees to the commissioners of the land office for the benefit of the State, the State becoming thereby a creditor of the asylum only.

I have thus in as few words as possible, placed before this Society the main points in the relations which existed between the State and the Inebriate Asylum, down to the time when it was seized upon by virtue of an Act of the Legislature, and its half a million of dollars' worth of property converted to other and, as I believe, to unnecessary purposes.

What were the objects sought to be attained by the project for an asylum for inebriates and which were commended "to the favor and earnest support not only of the Legislature of the State but of the people at large," as expressed in the resolution passed by this Society? In the title to the original Act of incorporation one of the objects was declared to be "for the reformation of the poor and the destitute inebriate." This was the basis of every movement, the earnest purpose of every contributor to the erection of the asylum building. They were further, as has already been remarked, to provide a retreat where the shattered, nervous systems might be relieved from the continuous contact with alcoholic poison, where restraint might be imposed by others when one had lost the power of self-control, and to render aid and relief by therapeutic measures, by regimen and by any and every appliance to cure the morbid condition of the organism which continually calls for alcoholic or any other unnatural stimulation.

This was no new idea at the time, no new fangled notion as has sometimes been charged. The diseased condition of the inebriate had long been recognized. More than sixty years before, Dr. Rush referred drunkenness to a morbid state. To effectually treat the subjects of this disease, he recommended "the establishment of a hospital in every city and town in the United States, for the exclusive reception of hard drinkers." "They are," he remarked, "as much objects of public humanity and charity as mad people."* Esquirol recognized

*Rush, on the Mind.

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the existence of "a disordered condition of the system, which leads certain individuals to the abuse of fermented drinks." "There are cases," he continued, "in which drunkenness is the effect of accidental disturbances of the physical and moral sensibility, which no longer leaves to man liberty of action."* Dr. Robert Jamieson, of Aberdeen, declared the propensity of drunkenness "a morbid impulse forming a variety of moral insanity," which he denominated dipsomania.† In 1833 the late Dr. Woodward, then Superintendent of the Massachusetts Insane Hospital at Worcester, in a series of essays published at that time, maintained that intemperance was a disease, and declared from his own experience in the management of many hundreds of intemperate persons who had committed crimes which rendered confinement necessary, or who were insane in consequence of this habit, that this disease was amenable to treatment, and that "a large proportion of the intemperate in a well conducted institution would be radically cured, and would again go into society with health re-established, diseased appetites removed, with principles of temperance well grounded and thoroughly understood, so that they would afterwards be safe and sober men."

Many other opinions similar to the foregoing, especially of a more recent date, might be quoted, but these are quite sufficient to establish the fact that it was no novel or new fangled idea which led to the establishment of an asylum for inebriates, or which referred the phenomena of drunkenness to morbific causes, and to a diseased condition of the system. In all of the extracts referred to, this point is distinctly recognized.

The enquiry is often made in what consists the disease of inebriety—where is its seat—what are the indications for its cure, and what therapeutic measures can be employed in its treatment. The answer to these enquiries formed the basis upon which the Inebriate Asylum was founded, and was the objective point of all its operations.

By the term disease applied to the subject of inebriation, is meant that insatiate desire, that irresistible appetite for drink which characterizes all inebriates—that terrible craving for alcoholic stimulants, that impulse to every act that promises to gratify that craving—that restless desire which absorbs

*Treatise on Insanity, p. 352.

†London Lancet, 1852.

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every other consideration, which takes possession of both mind and body, and which, overpowering the will, destroys all self control. Under the influence of this fearful impulse the subject of it drifts helplessly on the tide of humanity like a wreck at sea, without the power to reclaim himself, and as he is too often made to believe, beyond the reach of help from others.

This impulse to drink is one of the morbid manifestations of inebriety, and cases of utter *abandonment* to its influence are not uncommon. No one need go beyond the circle of his own observation to meet them. In a paper entitled "On the Insanity of Inebriety," which I read before the New York Neurological Society, October 5, 1874, several extreme cases illustrating the fearful power of this morbid impulse were quoted. These cases may very properly find a place in the present connection. Dr. Rush gives an instance of "an habitual drunkard in Philadelphia, who, when strongly urged by his friends to leave off drinking, replied, 'were a keg of rum in one corner of a room, and were a cannon constantly discharging balls between me and it, I could not refrain from passing before that cannon in order to get at the rum.'" One of the cases described by McNeish in his *Anatomy of Drunkenness*, as quoted by Dr. Ray, also illustrates this feature. A friend of the subject of it, painted to him 'the distresses of his family, the loss of his business and character, and the ruin of his health,' to which he replied, 'My good friend, your remarks are just; they are indeed too true; but I can no longer resist temptation. If a bottle of brandy stood at one hand, and the pit of hell yawned at the other, and I were convinced that I would be pushed in as sure as I took one glass, I could not refrain.' The late Prof. R. D. Mussey, of Cincinnati, relates another case: "A few years ago a tippler was put into an alms house in this State. Within a few days he had devised various expedients to procure rum, but failed. At length, however, he hit upon one which was successful. He went into the wood yard of the establishment, placed one hand upon the block, and with the other, struck it off at a single blow. With the stump raised and streaming, he ran into the house and cried, 'Get some rum! get some rum! my hand is off.' In the confusion and bustle of the occasion a bowl of rum was brought, into which he plunged the bleeding

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member of his body; then raising the bowl to his mouth, drank freely, and exultingly exclaimed, 'Now I am satisfied!'"

Dr. J. E. Turner relates a case of a gentleman who, while under treatment for inebriety, during four weeks secretly drank the alchohol from six jars containing morbid specimens. On asking him why he had committed this loathsome act, he replied: 'Sir, it is as impossible for me to control this diseased appetite as it is for me to control the pulsations of the heart.'

In a case which occurred under my own observation many years ago, an individual of somewhat straggling propensities stopped at an hotel where I was at the time residing. He was taken ill, and I was requested to see him. I found that he was suffering from an erysipelatous swelling of the scrotum and the adjoining parts. Among other directions I ordered that dilute alcohol should be applied to the swollen parts by means of a cloth occasionally wet in it. Before night he had drank up all the liquor in which he was wetting the cloth for the application, and was completely under its influence.

Dr. Alexander Peddie, of Edinburgh, Scotland,—on his examination before a Committee of the House of Commons in 1872, refers to the case of a lady under his charge for inebriety, who was discovered to have procured drink,—says: "When all other means of discovering where the drink came from had failed, on making a strict personal examination a bottle of brandy was found concealed in the armpit, and suspended by an elastic cord around the neck. The next morning another search of the same person led to the discovery of another bottle of brandy tied in the same way around her loins and placed between her thighs!"

These cases illustrate most clearly the frenzy and desperation to which the victims of intemperance may be driven when under the influence of this unrelenting appetite for drink. In suffering and urgency of desire it closely resembles the condition of shipwrecked persons and those who have been exposed in open boats at sea for days, without food or water. The distress induced by hunger and thirst absorbs every other sensation, and changes the mildest natures to the ferociousness of a beast of prey. I can have but little doubt that in a confirmed inebriate, should it be necessary to take human life in order to gratify the desire for drink, it would

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not unfrequently be done, so irresistible is this fearful propensity.

In further corroboration of these facts we may take the statements of those who suffer these sensations. Those who feel know. Their assertions universally are, that the impulse to drink is irresistible; that when the desire is upon them every other consideration is overlooked and forgotten. We can no more ignore the statements of an inebriate in regard to his sensations and appetite for drink, than we could were the same person laboring under some well recognized disease, and we wished to enquire into all of its symptoms.

It was this condition of the organism that the management of the inebriate asylum sought to relieve and if possible eradicate. The unnatural and disordered sensation demanding excessive drink, (an hallucination not unlike that many times witnessed in the special senses, particularly of sight or hearing,) was sought to be arrested, and a natural normal appetite restored. The moral sense was likewise sought to be strengthened, the power of the will re-established, and the sense of self-respect, which in almost every case had been overwhelmed and lost, was, if possible, recovered, and the patient taught that he was yet a man.

The therapeutic measures employed to accomplish this work, were of a *pro re nata* character, and were administered as the condition of each individual might require. There could be no specific nor defined treatment in every case. Whatever disturbances were manifest on admission, were regulated, and all functional derangements corrected. Experience has shown that the love of strong drink is kept up by disordered function,—that a morbid appetite is maintained by deranged organic operations, as disorders of the mind are kept up from similar causes, a fact known and recognized.

One important factor in the successful treatment of inebriety is, that there must be active and willing co-operation on the part of the patient. Without this no real benefit can be expected. And in this, inebriety does not differ from other morbid conditions. Who of us would expect successfully to treat a case of typhoid fever, or pneumonia, or a fractured thigh, unless the patient submitted cheerfully to every measure necessary to his cure or to the requisite appliances for his recovery.



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There were cases which resisted all attempts at reformation; for the subject was either so abandoned to his desire for drink, or so indifferent to the result that no benefit could be reached in his case. In other words he was incurable. This class of patients failed to co-operate with the measures instituted for their recovery, and refused the helping hand extended to them. It was they, who, in disregard of the rules of the institution, and in violation of their formal agreement, would steal away to indulge in drink, or would procure it to be brought to the asylum in defiance of every prohibition. These were the cases, small in proportion to the number under treatment, upon which Governor Robinson based his allegation that there was no restraint exercised in the management—a statement as far from the fact as sunset is from sunrise.

The results of the treatment of inebriety at the asylum should be regarded as most favorable. Taking them altogether, and considering the great disadvantages under which it labored, and the institution cannot but be regarded as a success. As has already been stated, the number of patients received since the opening of the asylum is two thousand, three hundred and forty-four. Of this number a large percentage is known to have been restored, and they are now useful and respectable men.

The managers at one time caused to be issued circulars, which were addressed to the friends of one thousand, four hundred and thirty-two inmates of the asylum during the period from May, 1870, to Sept., 1873, enquiring into the then present condition of their wards, and the effect of the treatment received upon their subsequent conduct. These circulars were directed indiscriminately in the order in which the patients were admitted. *Four hundred and sixteen* responses were returned. Of this number, *sixty-one* out of every hundred were reported as continuing sober and free from their bad habits, while the remaining *thirty-nine* of every hundred had received no benefit. It is admitted that this result, true as it is from the responses received, may be too large, and that more extended enquiries would reduce the ratio of recoveries; but if the number be reversed and only thirty-nine per cent. of recoveries be claimed, (a percentage much lower than the actual fact,) is such a result of no account and

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worthless? Does it indicate a "complete failure" as alleged by Governor Robinson? Shall even *thirty-nine curable* inebriates out of every one hundred be abandoned and left to their fate, because the remaining sixty-one cannot or will not be reclaimed? This question, pregnant as its solution is, in its consequences to the wretched and suffering of our people, has been disposed of in a very *ad captandum* manner; and a ruthless hand has been laid upon an institution, whose benefits were beginning to be appreciated, as a means of rescue to the perishing, like a life-saving station on a rock-bound, dangerous coast.

The Governor based his recommendation to the Legislature upon what he learned "from conversation with several of the leading managers," that they considered the asylum at Binghamton a total failure, etc. Had he sought his information from the only legitimate source, from the several annual reports of the managers, he never could have learned that portion of his message, nor made the recommendation that he did, to withold all appropriations for its benefit, and to discontinue all future operations. These reports contain full and ample refutations of the allegations of His Excellency as to the institution being only a place for the entertainment of wealthy inebriates, where they might recover from a debauch, where no restraint was imposed, and where the inmates remained only so long as they found it pleasant and agreeable. These reports, official in their character and verified by oath, justify no such charges. On the contrary they claim from year to year a continued and well marked success. For want of space and time only two or three short extracts taken from the third annual report of the managers, made to the Legislature January 13, 1876, may be quoted. This report is signed by the *entire* board, "leading," as well as following members, if such a classification ever existed among them.

They say "we have admitted all who came if there was room, giving preference always to citizens of our own State, if any discrimination was necessary.

"A father comes a thousand miles, bringing with him by stratagem or by force if necessary, a frenzied, fallen son, and pleads for his admission at any price in the hope that he may be restored to his family with the 'devil cast out.'

"A widowed mother is willing to pledge the last dollar she

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possesses to place her son in the asylum, in the prayerful hope that he may be returned to her 'clothed and in his right mind.'

"Wives with their husbands, and sisters with their brothers, come to us from weary distances, in their despair looking to the asylum as their only hope. This is not fiction. The reality cannot be told.

"And in more than half the cases received into the asylum a permanent cure is effected, and the disenthralled victim is sent forth rejoicing in his strength; and could the institution escape the pernicious influence of those who go out from it, and like the dog return to their vomit, the unjust prejudices against it would speedily cease. For while these incurables, instead of being kept out of sight like the incurable insane, are seen on the corners of the streets and in public places, bringing undeserved odium upon our institution because we cannot perform miracles, the reformed who go forth pursue the even tenor of their ways, and, mingling with the good citizens with whom they associate, soon cease to be remembered as having been inmates of the asylum.

"Those who profess to believe that the institution has proved a failure as an inebriate asylum, and should be devoted by the State to other purposes, can know or realize but little of the good it has already done or is capable of doing, or of its history."

Upon the subject of the character and pecuniary condition of the inmates the managers in their second annual report state the following facts:—"The asylum has never been made accessible only to the rich; nor have its doors ever been closed to the poor. On the contrary, during all of its operations up to the time of the new organization, under the law of May 27, 1873, quite a proportion of its inmates, (often amounting to one-third of the whole number,) were free patients,—those who were indigent and who possessed no means of payment. Many most signal recoveries,—men restored to themselves, their friends, and to the active pursuits of life,—have occurred from among those who have in former years been gratuitously admitted and cared for by the authorities of the asylum."

In their third annual report, already referred to, upon this point the managers further say of the asylum:—"Its doors have been open to all classes, rich and poor alike, and at no

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time during its existence has it been in any sense a place of retirement for rich men's sons.

"It has it is true, received and treated the sons of many rich men, and in thus doing has been enabled by a just discrimination in its charges, to bestow its charity to those who have no money to bring to us. Many of its patients, whose restoration was of the greatest value to the community, have by this means been given back to their families, to society and to usefulness, without money and without price."

The following from the report for 1872 gives the facts a little more in detail:—"The highest price charged for the board and care of a patient is $20 per week. Applicants who have abundant means are required to pay this sum. If an applicant for admission or his immediate friends, have not the ability to pay $20 per week, the price is reduced to meet the circumstances of the particular case; and when there are no means, and the applicant or his family or friends furnish evidence of such fact, and that he is a proper person to be admitted as a free patient, he is so received, and is cared for in the same manner as the patient who is able to pay $20 per week. Under this rule forty-eight free patients have been cared for during the year 1872."

From statistics of the asylum I learn that from May 1, 1867, to the closing of the institution, there were 224 patients received, cared for and treated from one month to over one year each, without charge or payment.

It was very unfortunate for the accuracy of Governor Robinson's last message, that he should have disregarded these annual reports of the managers, and have relied solely upon conversations and hear-say statements. By so doing he committed the great wrong of giving his official sanction to very gross misrepresentations, and of charging upon a benevolent enterprise, results entirely at variance with the facts.

Those connected with the management of the asylum had long been aware of the Governor's hostility to it. From the commencement of his term of office to the date of his last annual message, they were subject to the embarrassment of a neglect of official recognition and a want of official support on his part. Not a word of encouragement ever came from the executive chamber in favor of the efforts of the asylum to reform inebriates during Governor Robinson's administration.

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By Section 1, Chapter 625, Laws of New York, passed May 27th, 1873, it was made the duty of the Governor to appoint each year—by and with the consent of the Senate—three managers to fill the places of a corresponding number whose terms of office were about to expire. This duty was entirely ignored by Governor Robinson. No appointment of managers was made by him during his entire gubernatorial term with a single exception--that of Dr. C. F. McDonald in charge of the Asylum for Insane Criminals at Auburn. The terms of office of *six* of the nine managers of the inebriate asylum had consequently expired at the date of the Governor's message, and the only authority the then acting board had for continuing to perform its duties as such board, was the provision in the section already quoted, that the managers should hold their office until others were appointed.

This tenure of office, as can readily be understood, is not calculated to ensure the greatest efficiency in the management of an institution like the inebriate asylum; and such neglect on the part of the appointing power, could not fail to impair every department of its administration, and to bring about the very failure which the Governor charged upon the board of managers. In fact the appointment of Dr. McDonald, it is now very apparent, was not designed to further the success of the institution. He alone of all the managers concurred with Gov. Robinson in opinion; advocated the passage of the bill changing the character of it, in the lobbies of the capitol, and subsequently was appointed superintendent of the new asylum for the chronic insane.

It is not claimed for the inebriate asylum that it has accomplished all that it was fully capable of performing, or that might have been expected of it—certainly not had the buildings been completed and it had been placed in full working order. Has it, however, in spite of all the embarrassments with which it has continually been surrounded, accomplished *any* good—have any of the high expectations of its founders been realized? It is known that they have, and that, to an extent sufficient not only to justify but to require that it should have been retained and kept in operation for its original purpose.

There have been many circumstances that have worked adversely to the success of this institution, and which have

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served to weaken its power and to impair its success. The want of official recognition and encouragement on the part of Governor Robinson, and his neglect to make the annual appointment of managers, have already been referred to. There were other sources of depression and embarrassment, against which the institution was compelled to struggle.

In the first place, while the founders and friends of the institution had a general idea that inebriety could be successfully treated and recovered from, by the care, restraint and regimen of a properly managed asylum, the plan of treatment, the methods of restraint, and the details of its management were undetermined. The future was a *terra incognita* in its affairs, and the skill had then yet to be acquired. The plan of treatment and the manner of conducting the asylum could only be determined as experience should indicate.

One thing was soon learned, and that was the anomalous character of the undertaking, and the measures *sui generis* necessary to carry it out. The patients under treatment were neither sick nor crazy, in the ordinary understanding of these words. In the discipline of the house, restraint in a large majority of cases was effectually imposed; but with every known practical means employed, much was necessarily left to the *parole d'honneur* of the patient and to his own earnest co-operation in the measures for his reform. The management of the asylum had not the light of previous experience, to dispel what was dark and uncertain in the administration of its affairs. There were, consequently, many times, hesitation, uncertainty and errors in judgment, in individual cases; and while much valuable experience was acquired, both as to the treatment and the various morbid condition of inebriates, the time allowed the asylum was too short to have perfected many observations. The asylum had been in regular active operation only since May 1st, 1867—twelve years—a period much less than that required by Jenner to establish the efficacy of vaccination, or by Morse to overcome the prejudices of the wise ones who did not believe in the *utility* of the electro-magnetic telegraph, or even by Goodyear, struggling with want and poverty, to perfect his invention for the manufacture of India-rubber goods. The recent action in regard to it has been in the character of a snap judgment, and in no sense of the word has it had the semblance of a fair chance. Two disastrous

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fires occurring at an interval of several years, destroyed a large quantity of manufactured building material, and that portion of the building devoted to amusements and labor, which almost paralyzed for a while, every effort. The trustees had no means to rebuild, aid was refused them from the State, and when at length the Legislature of 1878 was induced to grant a small appropriation of ten thousand dollars to make some slight improvements in the asylum building, it was met by the Governor's veto and consequently was lost. The management of the asylum had no resource but to conduct its affairs as best they could under the embarrassment of their severe losses. This explains the unfinished condition and rough exterior of the buildings, and the want of adornment of the grounds adjacent.

In the Legislature every measure for the relief of the asylum was always coldly received and regarded with distrust. Like all other advances in science or in new benevolent undertakings, it had to undergo a period of probation, or rather one of doubt and hesitation, and was obliged to work its way to public favor slowly and by degrees. It was, however, gradually overcoming the prejudices against it, and many members from year to year began to warmly approve the object for which the asylum was designed, and expressed a willingness to foster and provide for it as worthy of the confidence of the people of the State. There were others, however, who, retained in the Legislature year after year by certain interests of a private character, were continually in opposition and resisted every measure for its benefit. The long services of some of these men in public affairs, gave a power to their influence which rarely could be overcome. Of this class were Hon. John C. Jacobs, in the Senate, and Hon. Thomas G. Alvord, in the Assembly, two noted and outspoken opponents. They very willingly favored the bill transferring the property of the asylum to the State, but resisted every appropriation for its benefit, even to the sums necessary to save it from dilapidation. It is not intended to arraign the motives of these gentlemen—they undoubtedly acted in accordance with their information and best judgment. Their course, however, was unfortunate for the success of a great benevolent enterprise, and not calculated to add to their reputation for sound judgment or wise legislation.

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Another influence has been severely felt as being in direct hostility to the objects of the inebriate asylum, especially in preventing favorable action in the Legislature in its behalf. I now allude to the course pursued by some of those engaged in the care and management of our insane hospitals. One would suppose if these gentlemen were heartily engaged in the prevention and cure of insanity, that they would have recognized in the effort to relieve the morbid appetite and correct the delusions of the senses of those who crave strong drink, the gratification of which is generally admitted to be an efficient cause of insanity, a twin enterprise—a coördinate effort worthy of their earnest co-operation. But it has been otherwise. No more virulent and effective opposition has been encountered, than that which has come from this quarter.

Dr. John P. Gray, Superintendent of the State Lunatic Asylum at Utica, and very properly ranking at the head of the department of alienists in our State, also professor of Psychological Medicine, etc., at the Bellevue Hospital Medical College, in January, 1875, instructed his class that "drunkenness was not in itself a disease; it was pre-eminently a vice, and the parent of vices at that. Though its unfortunate subjects are entitled to sympathy, and the means of restoration, it ought not, in itself, to be recognized as a disease."

The same learned gentleman, in a paper entitled, "Insanity, Its Dependence on Physical Disease," read before this Society, Feb. 7th, 1871, quotes the following extract from a previous official report:—"Insanity for many centuries was not recognized as a disease; but as a moral state, and in some a spiritual or demoniacal possession, and influenced by the moon. Many of the older medical authorities refer to and describe demonomania as a form of mental disease. The disenthralment of the professional as well as the public mind, on this subject has been slow and gradual. *However, we have similar ignorance and superstition in other fields of medical research.*"*

In view of the facts referred to in this paper, can any one claim that the disenthralment of even the professional mind on the subject of inebriety has been complete, or declare that "History" does not "repeat itself," when by reason of ignorance or prejudice one can see nothing but vice and immoral

*I have taken the liberty to italicize this last sentence.

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tendencies in the insatiate desire for drink which the suffering inebriate endures.

The several reports of Dr. John Charles Bucknill, late Lord Chancellor's Visitor of Lunatics, made on his return to England from a visit to the United States, and which have been published in book form and widely circulated in this country, contain very severe strictures upon the inebriate asylums of this country in general, and upon the New York State Inebriate Asylum in particular. In fact it appears to have been the special object of his attack, with a view clearly apparent to prejudice and influence the British mind against public inebriate asylums. These strictures are of such a nature that they cannot be passed by unnoticed. They were made in a very illiberal and prejudiced spirit, and are entirely unworthy of credence on account of the confusion of his recollections and the errors in his statements.

Dr. Bucknill visited the asylum at Binghamton in company with Dr. Gray, and spent about two hours, as I have been informed, in his examination of its condition and management, and in what he represents as interviews with the inmates. In selecting the subjects of his interviews, the Doctor seems to have had an instinctive affinity for the class he wanted to meet, for according to his account their reports were precisely what he wished to hear. There were plenty of inmates at the time of his visit who would have told him a very different story had he given them an opportunity; but he went there to explode the "dogma" that inebriety is a disease and consequently did not care to make enquiries except of a certain class.

The Doctor's report of his conversation with the superintendent, Dr. Congdon, is of a similar character. He asserts that Dr. Congdon admitted in conversation with him, "that he used no medical nor moral treatment." To fortify this assertion he further says, "Dr. Gray, of Utica, Dr. Burr, of Binghamton, and another governor of the institution whose name I forget, heard Dr. Congdon make these admissions to me."

So far as including me as one who was present at this interview, and hearing Dr. Congdon make such an admission, it is another instance of Dr. Bucknill's confused recollection. I did not accompany him to the asylum, nor was I present as he says on this occasion—consequently I could have heard no such statements.

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I have, however, taken some pains to learn what conversation did actually take place between them, and it was substantially as follows:—Dr. Bucknill, in a somewhat abrupt manner, enquired of Dr. Congdon, "What is your cure for inebriety?" To this Dr. C. replied, "We have no cure—no specific treatment for drunkenness. Patients on entering the asylum are treated for whatever is wrong with them, and each case is cared for according to its needs." Could a more practical or even a more scientific answer have been given? Is not the plan indicated in the answer of Dr. Congdon precisely that followed by those in charge of the insane both in the United States and Great Britain? Should a visitor to England make the enquiry of Dr. Bucknill, "How do you cure insanity?" would his answer be substantially different from Dr. Congdon's—or would he claim to possess and employ a specific for delusions, a panacea for hallucinations, or a certain cure for incoherency and maniacal excitement? Surely not. There can be but one explanation as to the object of Dr. Bucknill's question and his report of it.

Notwithstanding all the mis-statements of Dr. Bucknill, his book containing them has been widely circulated in this country, much to the detriment of efforts put forth to reclaim those who have woe and sorrow and "wounds without cause."

The grateful acknowledgments of the friends of inebriate asylums throughout the United States are justly due and should be extended to those who are in accord with them in Great Britain for their prompt denial and rebuttal of the statements of Dr. Bucknill. Of these Dr. Cameron, M. P., from Glasgow, Dr. Peddie and Dr. Bodington may be mentioned. From the discussions originated by these gentlemen, it is quite evident Dr. Bucknill did not have it all his own way even in England.

These are some of the circumstances connected with the N. Y. S. Inebriate Asylum and its history, which have affected its progress and crippled its operations. Other sources of embarrassment causing much difficulty in its management successively occurred during its existence, but as a representation of the facts would involve personal reputations, it has been thought advisable to be silent so far as further statements are concerned.

Notwithstanding all its difficulties, the asylum was progressing in its work. It stood as a barrier in the way leading to

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drunkenness, pauperism and wretchedness in general—a veritable *via dolorosa*—and was reaching out to arrest those who were pressing downward to a fate worse than death. Suddenly on the recommendation of Governor Robinson its work was suspended, and its site removed to the farther end of this fatal way, to be employed not in preventing the sad consequences of a course of intemperance, but only as a depository of the wrecks there to be found, lying about like the dead upon the battle-field. With the commencement of a course of drunkenness left unguarded, we may well expect a wider ruin and an increased number of the fallen, until another and another asylum for the chronic insane will be needed, and larger appropriations called for. Why then should not the State have retained the means which it had in hand of preventing such deplorable results. What must be the character of the statesmanship that advocates and carries out an opposite policy.

The State of New York by the act to abolish the Inebriate Asylum gave up a distinction which had been accorded to it, not only in this country but in England and on the continent, as the first in the world, to establish and maintain a public institution for the treatment of inebriates. It threw away by this measure the prestige which had been given us and yielded the palm of success to others. Either Connecticut or Minnesota will now carry it away.

The State by this act, for an outlay not exceeding one hundred thousand dollars, seized upon a property worth at least half a million of dollars. The farm, consisting of about two hundred and fifty acres of valuable land, was a donation from citizens of Binghamton, and given for the purposes of an inebriate asylum. So likewise were the donations paid in by subscribers, amounting to nearly thirty thousand dollars. This purpose has been thwarted, and the property thus obtained been converted to other uses, and the friends of the inebriate divested of what was legitimately theirs,—the means to carry on and work out a benevolent and humane enterprise.

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## XXVIII. REPORT OF THE COMMITTEE ON HYGIENE.

*To The Medical Society of the State of New York:—*

GENTLEMEN:—Your Committee on Hygiene respectfully report that the subject of observation during the past year has been in the field of contagious disease, with the intention of bringing forward prominently the importance of *quarantine* in all contagious and infectious diseases, especially in their relation to the public schools.

As Diphtheria has proved prevalent in several sections, and generally through the State in varying degrees of intensity, your committee has invited especial observation as to the *contagiousness* of this disease, and also to tracing, if possible, small or local epidemics to importation or transmission by contact.

With this view the following circular was issued and sent to each of the county medical societies, for reference to their committees on hygiene, as well as to individual members of this society:—

MEDICAL SOCIETY OF THE STATE OF NEW YORK.—COMMITTEE OF HYGIENE.

In view of the fact, that much interest has been manifested by the profession in establishing certain points regarding the development and spread of Diphtheria, this Committee has thought best, after consultation with the State Board of Health, to invite especial attention to the subject and urge members of the profession to contribute, as much as lies within their power, of information on the question of *the contagiousness of Diphtheria.*

1st. In the development of the disease, how much may be directly attributed to *personal contact?*

2d. How much to "*fomites*," i. e.: *Clothing worn by the sick*, or used about them, *or worn by attendants?*

3d. How much *to unsanitary surroundings* or *personal conditions?*

4th. Are *foci of disease* apparently due to *close intermingling*, or to *unhealthy surroundings?*

Observations upon these points are earnestly desired. Members of the profession, in the rural districts, have a much better opportunity of tracing the above facts than those residing in the large cities, where dense population and complicated surroundings interfere with exact observation.

In all communications special comment upon the *relation*

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*of the privy to the well* is desired, on premises where the disease has occurred.

All reports designed for this Committee should be sent to the Chairman, on or before January 20, 1881.

E. V. STODDARD, *Chairman*,
Rochester, N. Y.

E. V. STODDARD,
D. GUERNSEY,
JACOB S. MOSHER,
J. G. ORTON,
C. R. AGNEW,
E. HUTCHINSON,
H. JEWETT,
} *Committee.*

Responses to this circular have been received from many of the sections in the State where diphtheria has been prevalent. In some of these the development, of the first cases appearing, has been directly traced to either *personal contact*, or *infection from bedding or clothing used by patients sick with this disease.* The importance of recognizing the contagiousness of this disease has been very generally dwelt upon. There have been some communications received which expressed some doubt in this particular, but so fully has the directly contagious character of this malady been apparently established, that the profession generally do not admit the doubt.

The conclusions necessarily drawn from the facts bearing upon the contagious character of diphtheria, lead this committee to urge *isolation* of patients suffering with this malady, and the *quarantine* of members of the family or of attendants. Especially also should the disinfection of all clothing, etc., used about the sick, be scrupulously maintained.

It is hoped that under the suggestions of the State Board of Health, the local boards throughout the State will so supervise the public schools in this particular as to maintain the same rigid quarantine as is suggested for the family.

The following communications are appended as offered:—

1. Diphtheria in Elmira, N. Y., by Wm. C. Wey, M. D.

2. Epidemic of Diphtheria at Brewster's, Putnam County, N. Y., by N. B. Bayley, M. D.

3. Thoughts on Sanitation, by Harvey Jewett, M. D.

4. Report of the Committee on Hygiene of the Medical Society of the County of New York, by E. G. Janeway, M. D.

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## I. DIPHTHERIA IN ELMIRA.

By WILLIAM C. WEY, of Elmira.

In the month of April, 1877, diphtheria, which had previously existed in the adjoining county of Schuyler, on the north and in the county of Tioga, Pennsylvania, on the south, began to prevail in the third and seventh wards of the city of Elmira, in the immediate vicinity of the abandoned Chemung canal, from which the water had been drawn off in June, 1875. A small, sluggish stream of impure water, in part supplied by the New York State Reformatory, passed through the bed of the canal and emptied into what is called the State street sewer at its origin on Fifth street, whence it was conveyed to and discharged into the Chemung river, in the very heart of the city. The Reformatory sewer, put down by the original commissioners of that institution, by permission of the canal authorities, was allowed to communicate with the Chemung canal at a point less than a quarter of a mile (400 m.) beyond the city limits, on the north. It should be mentioned, to avoid misapprehension, that the Reformatory sewer carries excrementitious matter from the residence of the Superintendent, with slop water from the house and prison kitchen and waste water from the gas works. The excrement from the prisoners is utilized for fertilizing purposes. That the sewage from the reformatory contributed to augment and pollute the feeble stream which ran through the bed of the canal and to make offensive and unwholesome the region round about, admits of no doubt.

During the year 1877 diphtheria was confined chiefly to the wards mentioned, adjoining the canal. In eight months of that year, beginning in May, thirty-three fatal cases were reported. It gradually found its way into other portions of the city, until at last no street was exempt from its influence. The fifth ward, lying by itself, on the south side of the Chemung River, was the last to be invaded. For a long time it enjoyed exemption from the disease to such an extent as to be the subject of much comment among physicians and citizens. Finally it became involved in the general epidemic, but never to such an extent as the second, third and fourth wards. The declining character of the epidemic may in part afford explanation of this feature of the disorder.

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The following tables and diagrams will show the mortality from diphtheria and from all other causes during the years 1877, 1878, 1879, 1880, with the percentage of the former, the mortality in wards, with percentage of diphtheria, from September, 1878, to and including December, 1880, and an analysis as regards season of the year, of two hundred and seventy-two fatal cases.

| | Monthly Mortality. | Mortality from Diphtheria. | Percentage from Diphtheria. |
|---|---|---|---|
| 1877—January | 31 | 0 | 0 |
| February | 25 | 0 | 0 |
| March | 26 | 0 | 0 |
| April | 38 | 0 | 0 |
| May | 27 | 7 | 25.9 |
| June | 23 | 6 | 26. |
| July | 29 | 1 | 3.4 |
| August | 28 | 0 | 0 |
| September | 23 | 0 | 0 |
| October | 22 | 4 | 18. |
| November | 18 | 4 | 22.2 |
| December | 32 | 11 | 34.3 |
| Total | 322 | 33 | 10.2 |
| 1878—January | 38 | 10 | 26.3 |
| February | 18 | 4 | 22.2 |
| March | 26 | 3 | 11.5 |
| April | 26 | 5 | 19.6 |
| May | 27 | 1 | 3.7 |
| June | 22 | 4 | 18. |
| July | 44 | 11 | 25. |
| August | 53 | 16 | 30. |
| September | 38 | 20 | 52.6 |
| October | 34 | 17 | 50. |
| November | 37 | 15 | 40.5 |
| December | 52 | 27 | 51.9 |
| Total | 415 | 133 | 32. |
| 1879—January | 41 | 17 | 41.1 |
| February | 36 | 9 | 25. |
| March | 25 | 5 | 20. |
| April | 37 | 8 | 21.6 |
| May | 28 | 6 | 21.4 |
| June | 21 | 6 | 28.5 |
| July | 13 | 4 | 30.7 |
| August | 29 | 7 | 24.1 |

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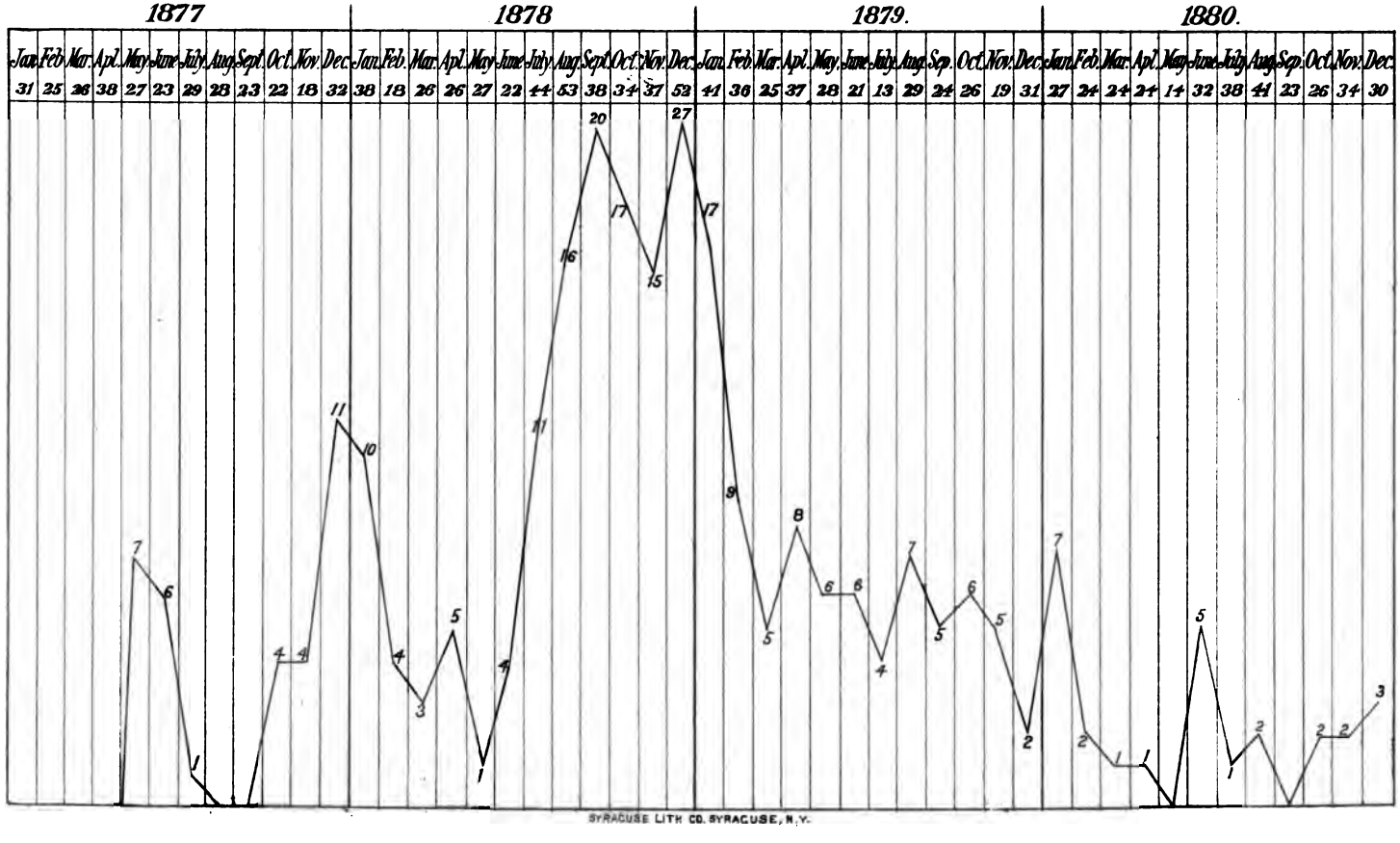


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| | Monthly Mortality. | Mortality from Diphtheria. | Percentage from Diphtheria. |
|---|---|---|---|
| 1879—September | 24 | 5 | 20.8 |
| October | 26 | 6 | 23. |
| November | 19 | 5 | 26.3 |
| December | 31 | 2 | 6.4 |
| Total | 330 | 80 | 24.2 |
| 1880—January | 27 | 7 | 25.9 |
| February | 24 | 2 | 8.3 |
| March | 24 | 1 | 4.1 |
| April | 24 | 1 | 4.1 |
| May | 14 | 0 | 0 |
| June | 32 | 5 | 15.6 |
| July | 38 | 1 | 2.6 |
| August | 41 | 2 | 4.8 |
| September | 23 | 0 | 0 |
| October | 26 | 2 | 7.6 |
| November | 34 | 2 | 5.8 |
| December | 30 | 3 | 10. |
| Total | 337 | 26 | 7.7 |

NOTE.—In the diagram on the opposite page, the figures immediately under the months indicate the mortality from all causes, while the figures at the angles of the broken line show the number of deaths from diphtheria, for the corresponding periods.

MORTALITY ACCORDING TO WARDS.—SEPT., 1878, TO DEC., 1880.

| | 1878. SEPT.—DEC. | | | 1879. JAN.—DEC. | | | 1880. JAN.—DEC. | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total Mor'ty | Mor'ty Diph. | P. ct. Diph. | Total Mor'ty | Mor'ty Diph. | P. ct. Diph. | Total Mor'ty | Mor'ty Diph. | P. ct. Diph. |
| 1 Ward | 9 | 2 | 22.2 | 21 | 3 | 14.2 | 18 | 0 | |
| 2 " | 26 | 17 | 65.3 | 42 | 9 | 21.4 | 51 | 5 | 9.9 |
| 3 " | 33 | 16 | 48.4 | 56 | 9 | 14.2 | 70 | 7 | 10. |
| 4 " | 26 | 10 | 38.4 | 72 | 16 | 22.2 | 60 | 9 | 15. |
| 5 " | 12 | 0 | | 64 | 14 | 21.9 | 58 | 3 | 5.1 |
| 6 " | 34 | 24 | 70.5 | 52 | 18 | 34.6 | 54 | 2 | 3.7 |
| 7 " | 21 | 9 | 42.8 | 23 | 11 | 47.8 | 26 | 0 | |
| | 161 | 78 | 48.4 | 330 | 80 | 24.2 | 337 | 26 | 7.7 |

Prior to September, 1878, the mortality according to wards was not tabulated.



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In the forty-four months in which diphtheria prevailed, from the beginning of mortality in May, 1877, to and including December, 1880, 272 deaths have been recorded, divided in seasons as follows :—

Spring : March, 9 ; April, 14 ; May, 14 ; making 37, or 13.6 per cent.

Summer : June, 21 ; July, 17 ; August, 25 ; making 63, or 23.1 per cent.

Autumn : September, 25 ; October, 29 ; November, 26 ; making 80, or 29.4 per cent.

Winter : December, 43 ; Jannary, 34 ; February, 15 ; making 92, or 33.8 per cent.

The questions propounded by your committee must all be answered in the affirmative. Diphtheria is produced by personal contact, by which I understand contact of children and others apparently well, with persons laboring under the disease. Casual contact, such as may be occasioned by a call or visit, has developed the disorder. A convalescing child may communicate diphtheria to the occupants of a neighboring house, or to companions in school or other public place. In other words, diphtheria is contagious.

"Clothing worn by the sick, or used about them, or worn by attendants," is capable of spreading the affection.

"Unsanitary surroundings," and neglected "personal conditions," favor the development and extension of the disease.

In some instances diphtheria may be traced to "close intermingling," or the herding of people together in violation of sanitary precaution. In such cases, however, a tendency to the development of diphtheria will probably be found as a pre-existing factor in the establishment of the disease, in the near or more remote vicinity of the persons thus situated. That the close intermingling of people poorly fed, poorly clothed and insufficiently sheltered is adequate in itself to beget diphtheria, independently of local or epidemic influences, no one, I think, will presume to admit.

The same remark applies to the additional enquiry submitted by your committee, in regard to the "relation of the privy to the well." Contamination of water, with the conditions of diphtheria present, may develop and give force and intensity to the disease. In a similar manner typhoid fever and

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cerebro-spinal meningitis may be produced. Persons habituated to the use of impure water might and doubtless would escape the consequences of typhoid fever and cerebro-spinal meningitis, for a time, at least, so long as such diseases were not prevailing in an endemic or epidemic form. They would quickly fall under the power of epidemic influences as a consequence, perhaps, of susceptibility kept in abeyance, until the leaven of morbid action found its favorite ground for production. Strangers, on the other hand, to the use of impure water, would promptly exhibit the specific disease, which, under favoring circumstances, it is capable of originating.

In the epidemic which has so severely visited Elmira, the questions of filth and water-supply from unclean sources, as means of inducing and spreading the disease, have been carefully considered. In some cases the water-supply has been found corrupted; in many the general surroundings have been unsanitary, and the facilities and comforts of the sick and attendants limited and unsatisfactory. As a matter of course great mortality has followed in the train of neglect and poverty. In other cases the water supply has come from pure sources, the sanitary conditions of people and their manner of living has been faultless, the utmost watchfulness has been exercised to maintain rigid non-intercourse with seats of the disease, and yet, in spite of care, and as if in defiance of it, the affection has appeared with as much malignity as in places of human crowding and disregard of hygienic precautions. Science has furnished no solution of these apparent contradictions. The fact appears that while filth is chargeable with the production of diphtheria, it is by inference rather than convincing proof, although, as before stated, unsanitary conditions materially aid the propagation of the disease. We are obliged to confess that the great question connected with the causation of diphtheria remains open and unsettled.

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## II. EPIDEMIC OF DIPHTHERIA OCCURRING AT BREWSTER'S, PUTNAM COUNTY, NEW YORK.

By N. B. BAYLEY, M. D., of Brewster's, N. Y.

In view of the interest that is manifested by the profession in establishing certain points regarding the development and

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spread of diphtheria, the history of an isolated epidemic occurring in a country village may have especial value, as its beginning and course can be noted without the interference of multiplied influences.

Previous to the outbreak of diphtheria now spoken of within the limits of this village, no illness from this disease had occurred, with the exception of here and there a sporadic case for many years.

This outbreak began December 1, 1877, and continued well into the following year, and was characterized by a suddenness of onset and malignity seldom noticed. It was confined to a circumscribed territory, a hamlet of some 400 people upon the adjoining eastern border escaping entirely, though both villages are one substantially.

It will be subsequently noted that the foci of disease manifested themselves at different points, sometimes simultaneously or nearly so. The first case or cases seemed to spring *de novo*, as far as any evidence can be gathered; but subsequent cases followed some of the known modes of infection. This brings the questions of the Committee on Hygiene into view, and, to take them up seriatim, how much of the development of the disease may be directly attributed to personal contact, how much to fomites, and how much to unsanitary conditions, is not always easy to decide, as all these factors may have a greater or less share in generating the disease in a previously well individual. The development of these cases when no history of personal contact or fomites could be obtained, and especially in the primary cases, has been set down "*de novo*"—regardless of the sanitary states which do not seem to have exerted a controlling influence. Those cases of individuals coming down with diphtheria after exposure to the disease within a few days time are set down as due to personal contact; when only a day or so of time has intervened between the attack of any two or three cases in the same family the cause has been referred to the same as the first one of the series. When the means of infection can be traced to clothing worn by the sick or some member of the family in cases of or exposure to the sick, the illness is regarded as due to fomites.

The unsanitary conditions have been fully noted, but due prominence should also be given to those homes where no

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sanitary fault can be found to account for the malignancy and fatality, almost if not quite equal to that in the filthiest places, and where the most intelligent care has been expended for naught, seemingly, still when we come to analyze the whole series of cases there is no mistaking the fact that unsanitary surroundings, unhealthy personal conditions and close intermingling are followed by a proportionate malignancy and fatality. Whether the above mentioned unsanitary conditions are sufficient to generate diphtheria anew I am not so certain; but these conditions do certainly afford a fertile nidus for the poisonous germs. In twenty-one of the fifty cases of which I have notes, the disease was developed without any known previous exposure, and especial pains were taken to arrive at the truth. In seven of these cases there could be no mistake, as they were the primary ones, and no members of these families (3 in number) had been exposed to any sore throat whatever. Moreover, these seven fell ill on the same days, viz.: December 2d, 3d and 4th, and at two different points separated by a distance of nearly two miles (3,218 kilometers), and further, the families moved in very different social spheres and did not come in contact with each other in any manner. In seventeen of these cases, the means of infection can be traced to personal contact, and many subsequent cases were in this manner developed. The development of the disease due to fomites seemed to be more limited, and in some cases which are cited the very important question as to origin must be left in doubt as between spontaniety or fomites.

I have not noted down, as the only direct causative agency, unsanitary surroundings and unclean personal conditions. That dirt and filth in all forms are active agents in producing diphtheria, no one can doubt, and I think cases can be cited where extension and malignancy of the disease has been directly attributable to these causes; but as in this epidemic many of the severest and malignant cases occurred in the best of houses, while the poor dirty neighbor escaped entirely, I have contented myself by stating the fact and leaving others to draw their conclusions. As to the effect of close intermingling in producing the specific germs anew, I cannot say. My own impressions are that too much stress is laid upon it as respects country towns, where even the most densely populated buildings are washed, as it were, with air continually.

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Of course, after the development of a case, the more persons brought in contact with the poison germs the more cases will arise. Thorough ventilation, diffusing the infectious material over a large area, renders it less active and conversely.

The sanitary condition of these fifty cases, comprising twenty-one families, may thus be stated. In only four families can it be said to be very bad. The statistics of these families are as follows: Number of persons, 23; number of children, 15; number of cases of diphtheria, 11, with a mortality of 8 (7 children and 1 adult). The cause, as far as ascertained, in seven of these cases was "*de novo*." It may be questioned if three of these cases in group 4 (of the table) should not be set down as due to fomites and unsanitary surroundings. The other case was due to personal contact. In nine of these families the hygienic environment may be considered of a medium character, there not being discoverable anything which could be said to have a direct causation in generation of the disease, but the surroundings may have had some deleterious effect upon those living under this influence. Many of this class lived in comfortable circumstances. The statistics are as follows: Number of individuals, 49, of whom 24 were children; number of cases of disease, 18, with 6 deaths. In eight of these families the sanitary surroundings must be called good, each house and surroundings being clean, drainage perfect, especially as respects the reflow of gases into the house, and an intelligent care exercised over the house and its inmates. As there is no system of sewerage, each family disposes of its kitchen refuse by means of a cess pool, the water closets having separate dispositions for their excreta, and the water supply being in all cases pure spring or cistern water delivered by pipes. The statistics concerning these families are as follows: Number of individuals, 39, of whom 16 are children; number of cases of disease, 17, with 4 deaths.

In a tabular form will be found these fifty cases arranged in groups representing separate localities in the infected territory with other statistics. Groups one and two were separated by an interval of nearly two miles (3.218 kilometers). There were no cases traced directly from family No. 1 (group 1). Group No. 2 are families living in adjoining houses. Of this row of four houses the upper one was occupied by two families, the family living in the upper part of the house suffering severely,

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while the one in the basement escaped entirely, although no pains were taken to secure isolation. In the lower one of this row of houses, the sanitary conditions must be called unexceptionable in all respects—pure water and careful drainage. The disease appeared a few hours earlier in this house than the one just mentioned. The two intermediate houses contained each a case of the disease. Above this row of dwellings on a sharp high hill stood a model house as respects water, drainage, ventilation and fresh air. The children of this family probably suffered from the influence of fomites. Directly in the rear of these houses, but on a lower level, and at a very short distance, stood a row of small, dirty houses, teeming with children of a like character, which escaped all illness during the whole year. These families lived in a manner totally regardless of hygiene unattacked by the terrible malady, while their near neighbors who took extraordinary pains to have healthy homes suffered severely. As these poor people served those higher in the social scale in various capacities they were thrown in contact sufficiently with the sick, it would seem, to have implanted the diphtheritic germs in very fertile fields; but it seems the receptivity was wanting. Others, and well to do people, suffered by contact and also by the carrying of germs by means of clothing and other ways. In Group 3, complete isolation was practicable, and except members of that one family none were affected. Group 4 consisted of three families living in a tenement house of eight rooms, standing in a very airy position, on a high elevation, the basement lodging a poor woman who did the washing for many families afflicted with diphtheria. Whether these suffered as a result of diphtheritic germs brought to this house by this woman in washing the clothes worn by the sick or not is not easy to decide. If we come to the conclusion that diphtheria is as contagious as small pox there would be no farther trouble in coming to a decision and many lives would be saved. At this house the well could receive surface drainage from the kitchens.

The result of "personal contact" was well and unfortunately illustrated in the case of the writer. While cleansing the fauces of a patient in family No. 15 of the table, the child gave an explosive cough, sending a piece of the membrane into my mouth, which accidentally happened to be open

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sufficiently wide to allow it to pass and strike upon the half arches of the palate upon the left side; the following day general malaise and sore throat supervened, the beginning of a sharp attack of diphtheria. This was upon March the 14th, on the 28th my eldest child fell ill and died on the 2d of April, on which day my other child became ill and died also. During my illness the children were excluded from the room as far as possible, but owing to inefficiency of servants the isolation was not absolute, especially in reference to clothing and table articles, which were probably used by the children indiscriminately. My wife also suffered at the same time with my eldest child, but mildly. Although we isolated ourselves from our near neighbors, several cases happened among them at intervals of several days to several weeks, and of the nurses, one undoubtedly carried the disease home to her family. The family living directly opposite, isolating themselves thoroughly during the whole winter and spring, suffered severely in June, the disease at this time having lain quiescent a full month.

At intervals of a few weeks during the summer and autumn there would spring up here and there a case, oftentimes fatal, since which time there has not occurred an undoubted case of diphtheria within this infected territory.

The treatment followed was that recommended generally by Dr. A. Jacobi and Dr. J. Lewis Smith in their respective articles upon the subject. I regret that no meteorological record was kept. I think the air generally was laden with more than the usual amount of moisture. There had been no unusual prevalence of malarial troubles.

These cases show to my mind that diphtheria is frequently spontaneous in its origin, as far as any evidence is attainable, (I am not dealing with theories,) and as the rich as well as the poor, the clean as well as the unclean, may be primarily attacked, there must be something besides unsanitary conditions, close intermingling, or foul gases, to give origin to the first cases.

Personal contact is an active agent in the extension of the disease. Complete isolation is a very important means in limiting its extension.

The carrying of the disease by "fomites," i. e., clothing worn by the sick or used about them, or worn by attendants,

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promotes the extension of the disease, and renders the importance of complete isolation much more evident. No one who has been in attendance on the sick should go into another family,—especially among children,—without taking a bath, and putting on an entire change of apparel; he then should avoid fondling the children, as the emanations from the breath or poisonous germs lodged in the hair might be the means of setting up anew a focus of the disease. There can be no doubt that many cases have arisen from the infection conveyed by kissing and playing with those recovering from the disease, by clothing and culinary utensils, etc., that have been in contact with the sick, not having been thoroughly cleansed and disinfected. These are facts which cannot be too much insisted upon.

Unsanitary surroundings and unclean personal conditions invite the disease, and afford a favorite nidus for its development, and as a pretty general rule families situated amid such surroundings will suffer much more severely than their more cleanly neighbors.

Close intermingling promotes the extension of the disease, and especially so when aëration is deficient, but without additional agents it is very doubtful whether the disease is generated anew by the moderate aggregation of individuals as we find them in country villages.

I append the statistics of the epidemic in tabular form. (See next page.)

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STATISTICS OF FIFTY CASES OF DIPHTHERIA.

| Groups. | Family. | No. in Family. | Children. | No. of Cases. | Deaths. | De Novo. | Fomites. | Contact. | Sanitary Surroundings. | High or Low Ground. | Drainage. | Size of Rooms. | Water Supply. | Date of Illness. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 7 | 5 | 4 | 3 | 3 | | 1 | Bad | Low | | Med'm | Well | Dec. 2<br>2<br>3<br>6 |
| | 2 | 7 | 5 | 4 | 3 | 3 | | 1 | Med'm | High | | Small | Spring | 2<br>3<br>4<br>Feb. 1 |
| | 3 | 7 | 3 | 2 | 2 | 2 | | (2) | Good | High | Good | Large | Spring | Dec. 2<br>4 |
| | 4 | 3 | 1 | 1 | | | 1 | | Good | High | | Large | Spring | Dec. 9 |
| 2 | 5 | 5 | 3 | 1 | 1 | | 1 | | Med'm | High | | Small | Spring | Dec. 10 |
| | 6 | 3 | | 1 | | | 1 | | Good | High | | Med'm | Well | Dec. 13 |
| | 7 | 6 | 3 | 3 | | | 2 | 1 | Med'm | Low | | Med'm | Well | Dec. 23<br>25<br>26 |
| | 8 | 5 | 2 | 2 | 1 | | 2 | | Good | High | Good | Large | Spring | Dec. 27<br>Mar. 7 |
| | 9 | 5 | 1 | 1 | | 1 | | | Good | High | | Med'm | Cistern | Dec. 2 |
| | 10 | 4 | | 1 | | 1 | | | Med'm | High | | Med'm | Well | Dec. 2 |
| 3 | 11 | 8 | 6 | 7 | 1 | 3 | | 4 | Good | High | | Med'm | Well | Dec. 12<br>13<br>15<br>29<br>Jan. 10<br>12<br>14 |
| | 12 | 7 | 4 | 1 | | 1 | | | Med'm | High | | Med'm | Spring | Dec. 27 |
| | 13 | 3 | 1 | 2 | | | 1 | 1 | Good | High | | Med'm | Well | Jan. 3<br>Apr. 23 |
| 4 | 14 | 5 | 3 | *3 | 1 | 3 (?) | 3 (?) | | Bad | High | | Small | Well & Cistern | Feb. 10<br>14<br>14 |
| | 15 | 4 | 2 | *4 | 3 | | 4 | | Bad | High | | Small | Well & Cistern | Mar. 10<br>13<br>14<br>15 |
| 5 | 16 | 4 | 2 | 4 | 2 | | | 4 | Med'm | High | Good | Large | Cistern | Mar. 14<br>25<br>28<br>Apr. 2 |
| | 17 | 6 | 4 | 2 | | | | 2 | Med'm | High | | Large | Spring | Mar. 9<br>Apr. 17 |
| | 18 | 5 | 3 | 1 | | 1 | | | Med'm | High | | Med'm | Well | Apr. 16 |
| | 19 | 7 | 5 | 4 | 1 | 1 | | 3 | Bad | High | | Small | Spring | Apr. 30<br>May 5<br>6<br>June 16 |
| | 20 | 5 | 2 | 1 | | 1 | | | Med'm | High | | Med'm | Well | May 19 |
| | 21 | 5 | 2 | 1 | | 1 | | | Good | High | | Large | Well | May 25 |
| | 21 | 111 | 57 | 50 | 18 | 21 | 12 | 17 | | | | | | |

*These cases were all in one small tenement, on a rocky ledge, with 8 rooms, sheltering 9 people

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## 3. THOUGHTS ON SANITATION.

BY HARVEY JEWETT, M. D., Canandaigua, N. Y.

We are living at a period in our national history when sanitary art and science are attracting a large share of popular and professional attention.

It is somewhere stated by an eminent writer, that "public health is public wealth."

It deeply concerns good government, for it bears upon the greatest interests of a nation,—the happiness and prosperity of its citizens.

Rigid sanitary administration during the past year has saved many of our southern cities, and possibly the commercial cities of the north, from the desolating scourge of the yellow fever.

The last year has been one of wonderful progress in this great department of social science.

The foundation has been laid as never before in the art, science and practical administration of this subject, that will lead to grand results in the investigation of causes, and the adoption of suitable measures to arrest the progress of epidemic and pestilential diseases.

We have been skeptics and sinners in this great work of health reform, having set at naught the plainest dictates of common sense and sound judgment, upon a subject that demands our first and highest consideration as christian philanthropists.

The medical profession as a body have taken little or no interest in preventive medicine or sanitary measures for the preservation of health, either public or private.

Our skepticism was born of our ignorance of ideas, underlying this great and beneficent work of preventive medicine.

We need faith in an idea before we can give it force and build it up into active life.

We see the outcropping of such faith all over the land in the establishment of health boards, and the critical investigation into the causes of all endemic and epidemic diseases that bring sorrow to so many hearts.

We hail this as an epoch in the history of medicine clearly indicating the time, at no distant future, when zymotic diseases shall be banished from our land, or so greatly amelio-

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rated in their force or fatality as to disarm them of their fearful results. It is obvious to the most superficial observer that during the last five or six years there has sprung up a wide-spread thoughtfulness in reference to the necessity and value of hygienic measures in the prevention of disease; and that more practical work has been done among the people in our large cities, smaller towns, and even in the rural districts, tending to crush out disease, and enlighten the people as to its causes, than at any previous period in our history.

In 1850, Mr. Shattuck, of Boston, presented a paper to the Massachusetts Legislature, entitled "The Report of the Sanitary Commission of the State of Massachusetts."

In that paper are laid down all the prominent thoughts and modes of action which underlie the present leading sanitary measures now in operation in this country.

The National Board of Health is in the hands of intelligent, earnest, practical men, who will carry out the purpose for which it was organized. Their first annual report has just been sent to Congress.

The State of New York is behind her sister States in this great work of sanitary progress. But the time is not far distant when every State in this Union will have organized boards of health that will carry out the universally recognized law of our being,—the right of self-preservation. It is not only the privilege, but the duty of our law makers to banish as far as possible the breeding places of disease and death from the land.

Boards of health are not appointed to cautiously suggest what had better be done to remove an offence or a nuisance that will engender disease, but to remove it by the stern mandate of the law.

"Thou shall not kill," is one of the commands of the decalogue, and the most severe penalty is attached to its violation, that we may be protected in our personal safety. We have no more moral or legal right to keep a drain, or an offense that will produce typhoid fever, diphtheria, dysentery, or any of the pestilential diseases among our citizens, than we have to discharge a loaded shot gun into the crowd.

We need not only a National, but a State board of health, that can speak with authority, and remove these unmentionable abominations.

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There is a class of men who assume to be wise, but who obstinately adhere to their unventilated rooms and foul drains,—men whom only the rigors of the law will educate to a decent regard of their neighbors' rights.

We do not politely remonstrate, or attempt to propitiate a man who threatens our life with a deadly weapon. We protect and defend ourselves, and punish him if we can. We act promptly and earnestly in the emergency.

Our municipal boards of health are often grossly ignorant of their duty, or timid in the discharge of it, for fear that they may give offense to their constituents, and thereby be deprived of their position.

It may seem inconsistent and absurd that the people must be reasoned with, and the Legislature petitioned to enact laws that will protect us against the causes which are obviously producing pestilential disease and death. I have no statistics at hand to show the ratio of disease and death clearly traceable to preventable causes. But when I say that a large proportion of our acute and almost all the epidemic diseases of this country can be prevented by a rigid enforcement of sanitary laws, I trust it will not be regarded an extravagant statement.

The pandora-box theory of disease is exploded. Certain conditions seem necessary to give potency and develop most epidemic diseases. There must be the specific poison to begin with.

The seed of a specific disease being furnished, the soil in which it is planted has much to do with its development and growth—the oak will not grow in the most luxuriant soil without the germinating presence of the acorn—but when both the conditions exist, when the infectious germ finds a lodgment in the over-crowded tenement houses of our cities, or when the standard of health has been lowered below its normal state from any cause, we may confidently expect a disease of a specific type to follow such conditions.

Cholera was born on the Ganges, yellow fever comes from the West India Islands. The seeds of both these scourges are carried by the ships of commerce to any part of the habitable globe, spreading disease and consternation in their train wherever they appear.

Certain diseases only find originating power at some one point on the earth, and appear at other places only by con-

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veyance. Cholera and yellow fever attain their highest death rate among the wretched and desolate in our tenement houses, where impure air, uncleanliness, innutritious food almost invariably exist. This is equally true in reference to all epidemic and pestilential diseases.

The more common and prevalent diseases with which we are familiar, such as typhoid fever, diphtheria and dysentery, have a local origin to be found within our dwellings or their immediate surroundings. Damp, dark, ill-ventilated cellars are common causes inside, and insufficient drainage to prevent the slops of the house, which are thrown out upon the surface of the ground from finding their way into the drinking water of the well, are familiar causes to be found on the outside of our dwellings. Cesspools in our smaller towns, and the connection of drainage pipes with our dwelling houses are also fruitful sources of disease.

The impression prevails that if a cesspool is at a proper distance from the house and well, all sanitary requirements are fulfilled.

Take an ordinary country village, where every owner of a comfortable residence thinks he must have a cesspool outside, and all the modern conveniences inside of his house; all the offensiveness and waste water are discharging into this reservoir which is covered to protect it from observation and the escape of odors. Here the most deadly gases are generated and confined.

The only way of escape is through pipes connected with the house, these gases are introduced into the very centre of the apartments, and thus to poison the unsuspecting occupants.

If this is true in reference to villages and separate cesspools, with how much greater force does it apply to the large cities, where the sewer receives the offensiveness and all the abominations of hundreds of thousands of families. Elegant residences upon fashionable streets are deserted by their owners, because of sickness and death in the family, from the escape of sewer gases through the connecting pipes. Scarcely a paper is issued from the press in the great metropolis, that does not contain one or more notices of houses to rent, for the reason stated above.

All systems of ventilating sewers, either by open sewer covers, or carrying cold ventilating pipes to the tops of the build-

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ing, are somewhat defective, as they only take off the great pressure of gas that would otherwise exist, and do not counteract the effect of the vacuum which every heated house has in cold weather and which is liable to be filled from the sewer pipes. Many suppose that they can detect the presence of these gases when introduced into a house by their odor, which is a great error, as many of the most virulent poisons are entirely odorless, and may exist in a building, without the knowledge of the occupants, until they develop their legitimate fruits in the form of zymotic diseases.

These gases are especially deleterious at night during the hours of sleep, when the doors are closed and we are unconscious of our surroundings, inhaling these poisons for eight or ten hours continuously. Allow me to predict that the time is not far distant when the modern fashionable marble basin connected with our sleeping apartments used for washing purposes will be superceded by the pitcher, wash-bowl and slop-jar of more primitive times.

The practical question for us to consider is how can we stay the progress of these epidemics or diminish the death rate of the prevalent diseases arising from preventable causes.

Obviously by a careful analysis of and radical removal of these causes. This involves labor, investigation, concerted and systematic work, in the way of collecting positive and reliable information as to the health of the people and the influences that are operating to produce sickness. Through the active agency of health boards both municipal and State we trust this problem will be met and satisfactorily solved.

The mere existence of sanitary boards tends to educate the minds of the people to an observance of hygienic laws and will greatly aid in the investigation of epidemic and local causes of disease throughout the land. Efficient and economical sanitation depends upon the intelligence, responsibility and qualifications of the men who are appointed to execute the sanitary laws.

These conditions can be secured in no other way than by legislative action, based upon enlightened, comprehensive views of the value of human life.

The student of sanitary science is already beginning to estimate the possibilities of modern scientific investigation and discover their relations to human health.

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The electric light is just now casting its illuminating influence over the land. This light is generated without the creation of one atom of carbonic acid gas or the removal from the air of a single equivalent of oxygen. We do not sufficiently appreciate the fact that our artificial lights are constantly using up the life-giving breathing material, and casting off noxious elements that pollute the air and render it unfit for respiration.

Now if we can illuminate our dwellings without the destruction of vital, and the production of mephitic gas, an important advance has been made of great hygienic value, so far as respects the lighting and ventilation of our churches, lecture rooms, and places where other large assemblies gather, in which the contamination of the air is at present increased by the gaseous products in our system of lighting.

The telephone is another modern invention that possibly may be utilized in the progressive march of events so as to aid in the investigation of chest diseases. The facts as to conveyance of sounds and impress of air are well established. We want instruments for measuring the air waves of the chest, and securing a record of all inward vital movements.

The introduction and skillful use of the plexometer, stethoscope, laryngoscope, thermometer and sphygmograph are great aids in the investigation of chest diseases, and who can say that the telephone may not be made to subserve some purpose in the economy of human life.

In view of the actual and prospective success of such systematic work as is now inaugurated in this country, we can look forward to the time of higher achievements in mitigating suffering and reducing the aggregate mortality, especially in our larger cities.

We have to deplore the unhealthy circumstances and conditions in which a large class of the poorer population are placed. Living in over-crowded tenement houses, having innutritious food and impure air, we find a feeble, diseased, degenerate offspring. This feebleness and degeneracy of mind and body are transmitted to coming generations with a force and certainty appalling to contemplate, and calling loudly for a radical change in the conditions and surroundings of this unfortunate class of our fellow beings.

So long as these conditions continue as they now are, the

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dens of intemperance, infamy and vice,—the hot beds of disease,—are allowed to exist, they will develop their legitimate fruits and the physical, moral and vital standard will continue to go down in the scale of our being. The laws of heredity, so indelibly stamped upon the offspring of the poor and degraded, will be increased in a fearful ratio unless delivered from their abject dependence, and they are made to feel some degree of personal responsibility as men and women. Pure air, suitable clothing, nutritious food, daily out door life, substantially meet the requirements of health on the one hand, while impure air, ill-ventilated apartments, obstructed or imperfect sewers, decomposing animal and vegetable accumulations, and uncleanliness in all its forms, are the important factors in the causation of disease.

We are now standing at the threshold of the greatest epochs in the history of medical progress.

Medical philosophers are formed into line for the great work that is before them. With the aid of physiology, chemistry, pathology and the microscope, the natural history of disease as well as clinical observations, we may look to the future with brighter hopes and higher expectations, not only in the cure, but in the prevention of disease.

This great work appeals to all classes and conditions of men, but especially to the medical men of the present generation, to aid in carrying forward this benevolent enterprise.

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## 4. REPORT OF COMMITTEE ON HYGIENE OF THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

By E. G. JANEWAY, M. D.

The mortality of the city during the nine months ending on the 30th of September has been higher than during the two years 1878 and 1879, which have each been reported before your Society on the like occasion in those years. The following statement will show the total mortality for the first nine months of each of the ten years past :—

TOTAL MORTALITY.

| QUARTERS. | 1871. | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879. | 1880. |
|---|---|---|---|---|---|---|---|---|---|---|
| First..... | 6,555 | 7,519 | 6,967 | 6,552 | 7,842 | 7,633 | 6,002 | 6,664 | 7,576 | 6,814 |
| Second..... | 6,597 | 8,824 | 6,605 | 6,544 | 7,064 | 6,704 | 6,047 | 6,334 | 6,606 | 8,632 |
| Third..... | 7,924 | 9,958 | 9,018 | 8,625 | 9,256 | 8,998 | 8,165 | 7,645 | 7,686 | 8,573 |
| Total..... | 21,076 | 26,292 | 22,590 | 21,719 | 24,162 | 23,335 | 20,214 | 20,643 | 21,868 | 24,019 |
| Plus 1880.... | | 2,273 | | | 143 | | | | | |
| Minus 1880.. | 2,943 | | 1,329 | 2,300 | | 684 | 2,805 | 2,376 | 2,151 | |



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It will be observed that the mortality has been higher than in any of these years except 1872 and 1875. 2,273 more people died in this period of 1872, and 143 in 1875, whilst 2,151 more people have died in 1880 than in 1879. This has regard to the absolute mortality, not the comparative or number dying to the 1000 of living persons. Since our report of last year the United States census has given the population of New York as 1,209,000, an increase of 168,000 since 1875, and of 267,000 since 1870. The census of 1875 was taken by the State, of 1870 by the United States. The mortality of the first nine months of 1872, if continued through the year, would have given a death rate of 35 per 1,000; of the same period for 1875, of 30.9; for 1880, of 26.48. The estimate which was placed upon the population at the time of the last report was then stated to be in all probability too low, though it was based upon a ratio of increase as derived from the preceding census. The census taken this year shows that this idea was correct, and that the disturbing elements then mentioned, elevated railroads and returning commercial prosperity have materially increased the growth of the city. The death rate of last year was calculated upon a supposed population of 1,097,000, and for the whole year was on this basis 25.82 per thousand. This growth, judging by the number of private apartments and tenement houses constructed, and in course of erection, and by the demand for these, is at present very great, and makes the student of vital statistics feel the insecurity of figures as true exponents of facts. The cause of the increase rests partly upon the amount of diarrhœal trouble in the early summer, and in part upon a generally distributed increase in the number of deaths from the non-zymotic classes. The different elements will be seen as we proceed. As in previous years let us consider in the first place the zymotic class.

### SMALL POX.

During the time embraced in this report eight cases have been reported at the Sanitary Bureau; of these three were emigrants received from quarantine and five developed in the city. The contagion in one case was traced to a case from Long Island city. Of the other three cases, two of these terminating fatally, were traced to contagion from an unreported case of varioloid in Harlem.

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Notwithstanding the existence of several foci from which the disease could have spread, we are glad to be able to report, as in the case of the more considerable outbreak on the east side of the city last year, that the removal of those sick with the disease, the thorough fumigation of the apartments occupied by them, and the vaccination of those in the house and neighborhood, so far as this was possible, have again prevented the spread of this disease. We have watched with sorrow and indignation the course of those who have striven to prejudice the people against vaccination. In this place it would be well to draw the attention of the profession to the prevalence of the disease in several cities in our neighborhood. Philadelphia is undoubtedly threatened with a severe outbreak as there has been a gradually increasing mortality from the disease since last spring till at the present eight and nine deaths are reported in two succeeding weeks. Camden, Troy and Cohoes also have been afflicted by the disease. Of the two cases of death reported here in this month, one was contracted in Philadelphia, the other happened to a sailor who was only five days in New York. We believe that it would be wise for the Society to urge the vaccination of all unprotected persons, as many amongst the better classes have no doubt become careless, owing to the continued freedom which the city has enjoyed, and of the poorer, some are prejudiced against the operation.

### SCARLET FEVER.

This disease has caused less deaths during 1880, than for a similar period for any of the nine preceding years: 1,092 less than during 1879. Moreover the mortality promises to be lighter than in any of the past twenty years. This might be supposed to be due to the prevalence of the epidemic last year. But if we look at the occurrence after the epidemic of 1861, which caused a mortality of 1,278, (1.58 to a 1,000) with a population of 805,000, we find that 928 deaths occurred in 1862, and 903 deaths in 1863. So, also, after the outbreak in 1873, which occasioned 1,045 deaths, 879 occurred in 1874, and 514 in 1875,—(for the whole year). We have not the time at present to go into a discussion of the cause for this.

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MORTALITY FROM SCARLATINA.

| QUARTERS. | 1871. | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879. | 1880. |
|---|---|---|---|---|---|---|---|---|---|---|
| First..... | 270 | 305 | 244 | 330 | 186 | 245 | 298 | 317 | 730 | 92 |
| Second..... | 197 | 370 | 279 | 239 | 161 | 341 | 314 | 277 | 464 | 114 |
| Third ..... | 141 | 127 | 203 | 161 | 63 | 107 | 174 | 147 | 176 | 72 |
| Total..... | 608 | 802 | 726 | 730 | 410 | 693 | 781 | 741 | 1,370 | 278 |
| Plus 1880... | 330 | 524 | 448 | 452 | 132 | 415 | 503 | 463 | 1,092 | |

## MEASLES.

This disease has produced a greater number of deaths for the period of this report this year, than in the nine preceding. This, as far as the absolute is concerned, will be seen from the following; comparatively a greater number occurred in 1871 and in 1872:—

MORTALITY FROM MEASLES.

| QUARTERS. | 1871. | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879. | 1880. |
|---|---|---|---|---|---|---|---|---|---|---|
| First..... | 241 | 106 | 74 | 94 | 18 | 172 | 9 | 128 | 5 | 216 |
| Second..... | 106 | 196 | 93 | 127 | 45 | 134 | 62 | 107 | 49 | 164 |
| Third..... | 49 | 128 | 84 | 78 | 53 | 34 | 48 | 23 | 72 | 38 |
| Total ..... | 396 | 428 | 251 | 299 | 116 | 340 | 119 | 258 | 126 | 463 |
| Minus 1880 | 67 | 35 | 212 | 164 | 347 | 123 | 344 | 205 | 337 | |

## DIPHTHERIA.

This disease has proved more fatal than during last year, and during the third quarter has shown a tendency to increase.

The table will give the changes which have occurred during the period. Accompanying it is given the fatality from croup and from the two diseases combined:—

MORTALITY FROM DIPHTHERIA.

| QUARTERS. | 1871. | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879. | 1880. |
|---|---|---|---|---|---|---|---|---|---|---|
| First... ..... | 38 | 95 | 170 | 348 | 608 | 725 | 216 | 331 | 224 | 214 |
| Second..... | 50 | 85 | 188 | 316 | 549 | 474 | 196 | 243 | 128 | 218 |
| Third..... | 46 | 90 | 323 | 320 | 489 | 228 | 194 | 152 | 101 | 305 |
| Total.... | 184 | 269 | 681 | 984 | 1,646 | 1,427 | 616 | 726 | 453 | 737 |
| Plus 1880.. | | | | 247 | 909 | 690 | | | | |
| Minus 1880 | 553 | 468 | 56 | | | | 121 | 11 | 284 | |

MORTALITY FROM CROUP.

| QUARTERS | 1871. | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879. | 1880. |
|---|---|---|---|---|---|---|---|---|---|---|
| First..... | 132 | 203 | 241 | 188 | 254 | 194 | 136 | 195 | 140 | 212 |
| Second..... | 105 | 113 | 151 | 121 | 160 | 112 | 96 | 120 | 83 | 175 |
| Third..... | 59 | 60 | 100 | 80 | 105 | 60 | 76 | 50 | 72 | 139 |
| Total..... | 296 | 406 | 492 | 389 | 519 | 366 | 308 | 365 | 295 | 526 |
| Total Diphth. and Croup.. | 480 | 675 | 1,173 | 1,373 | 2,165 | 1,793 | 924 | 1,091 | 748 | 1,263 |

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### TYPHOID AND TYPHUS FEVER.

As reported last year these diseases are less prevalent at the present than formerly, notwithstanding the growth of the city. Typhus fever scarcely exists. A local outbreak has affected two houses, one on the west, another on the east side, the latter being traced to the former by intercourse, and, from this east side family, one of the nurses at the Riverside Hospital has contracted the disease, and is ill at the time of writing. The disease on the west side was not reported, being considered malarial, on the east side it was considered typhoid. The details possess sufficient importance to be briefly related. In the latter part of May or first of June a man became ill with what was called pneumonia. He occupied a suit of six rooms on the ground floor of a tenement house (five story). The family placed him in one of the interior rooms and kept the doors and windows closed to prevent a draught. The family were extremely untidy at the time of a visit to them. The man suffered a relapse, after which, at the end of two weeks, a daughter who was at home and looked after him, contracted the disease. She was sick three weeks, with continuous fever and early delirium. In two weeks more, one son and then another son contracted the disease, and finally a daughter who worked in an east side factory. In none of these cases did the disease last over three weeks; in none was it followed by any evidence of malarial fever; in all there was early delirium, according to their account; two had some looseness of bowels. They did not know about an eruption. One, who had no physician and took no medicine, recovered as the others. Here, then, out of a family of six persons, five contracted the disease. A boy on the upper floor of the house also became ill, the disease running the same course. The rooms he occupied were airy and the weather warm, windows and doors open. The last girl, who became ill, worked in the east side factory, in the next seat to a member of the family who became sick on the east side. They became ill on the same day. This girl was one of a family of six, and, within three weeks four out of the five members of this east side family contracted the disease. The characters of the disease in these was a continuous fever with early delirium, eruption within four days of the time of coming down with the disease, pretty copious, some of it on the face, in some spots petecchial,

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looseness of bowels in two of the four. The mother, age 56, died when sick fourteen days. The post mortem examination showed no evidence of typhoid fever, but enlarged and softened spleen, parenchymatous degeneration of the heart, liver, kidneys and muscles, and hypostatic pneumonia.

The nurse, who was warned to be careful, contracted the disease from this family and is now ill with it. The eruption in her case appeared on the third day. No proof could be obtained that any person had come to the first house with the disease, or that the man had been exposed. But as the family were the housekeepers, and denied that anyone else had been sick there, their statements were to be received *cum grano salis*. No other cases have since occurred, though, when these facts had been ascertained, a thorough cleansing and fumigating was performed at both houses (a second time at the east side house).

MORTALITY FROM TYPHOID FEVER.

| QUARTERS. | 1871. | 1872. | 1873. | 1874. | 1875. | 1876 | 1877. | 1878. | 1879. | 1880. |
|---|---|---|---|---|---|---|---|---|---|---|
| First..... | 46 | 59 | 56 | 64 | 61 | 56 | 41 | 33 | 35 | 44 |
| Second . .. | 37 | 63 | 56 | 42 | 60 | 54 | 46 | 29 | 29 | 42 |
| Third..... | 73 | 142 | 107 | 70 | 130 | 97 | 92 | 94 | 58 | 74 |
| Total..... | 156 | 264 | 219 | 176 | 251 | 207 | 179 | 156 | 122 | 160 |
| Plus 1880 ... | | 104 | 59 | 16 | 91 | 47 | 19 | | | |
| Minus 1880.. | 4 | | | | | | | 4 | 38 | |

MORTALITY FROM TYPHUS FEVER.

| QUARTERS. | 1871. | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879. | 1880. |
|---|---|---|---|---|---|---|---|---|---|---|
| First..... | 12 | 37 | 7 | 6 | 5 | 3 | 6 | 0 | 1 | 0 |
| Second ... .. | 21 | 18 | 14 | 0 | 8 | 5 | 2 | 3 | 0 | 1 |
| Third..... | 16 | 18 | 9 | 3 | 9 | 10 | 7 | 1 | 2 | 0 |
| Total ..... | 49 | 73 | 30 | 9 | 22 | 18 | 15 | 4 | 3 | 1 |
| Plus 1880.... | 48 | 72 | 29 | 8 | 21 | 17 | 14 | 3 | 2 | |

COMBINED TYPHUS AND TYPHOID.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Total .... | 205 | 337 | 249 | 185 | 273 | 225 | 194 | 160 | 125 | 161 |
| Plus 1880 .. | 44 | 176 | 88 | 24 | 112 | 64 | 33 | | | |
| Minus 1880.. | | | | | | | | 1 | 36 | |

The prevalence of typhoid in the surrounding country accounts for a good deal of the increase. Quite a number of servants become ill with the disease, and are sent back to our city hospitals, or members of families are taken down with the disease on returning to town. Some of these afford centres for new outbreaks of the disease. A single illustration will afford evidence: A man comes from Philadelphia and within two weeks comes down with the disease. In two weeks time two other young men in the house contract the disease; one is carried to Bellevue Hospital and dies of pure typhoid fever (post mortem examination). The other dies at home of what

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was certified to as typho-malarial fever. In this particular house the sinks at that time discharged into the gutter and not into any sewer. The privy vault was in the yard and from the neighborhood to the river was unconnected with the street sewer. The house was provided with croton water, and the sinks were used for the escape of water and the discharge of ordinary slops. No one had been ill in the house before the first of the above cases came there. The man who was at Bellevue was not a milk drinker. There was no contamination of the water supply. The disease was either contracted from the emanation and excreta from the sick or from the infection of the privy vault thereby, or from the infection of the sinks. It is difficult to say in which method. These cases are alluded to in order to show the necessity for the thorough disinfection of all discharges in such cases, and also for the prevention of their entrance into privy vaults when possible, and of the necessity for the thorough cleansing of a vault into which they have been discharged.

### MALARIAL FEVERS.

The table will show a slight increase in the number of deaths from this class of diseases as contrasted with last year. It has been customary to include diseases certified to as typho-malarial in this class. Many of them, no doubt, belong under the head of typhoid, as in the case alluded to under the head of typhoid fever, in which of two men taken sick at the same time, in the same house, and from the same cause, and dying one the day after the other, one is found to have pure typhoid fever, demonstrated by an examination after death, the other is said to have died of typho-malarial fever. The great prevalence of malarial fevers in the neighborhood of New York has had an influence upon the death rate in New York for causes mentioned under the head of typhoid, exclusive of any idea of infection.

MORTALITY FROM MALARIAL FEVERS.

| QUARTERS. | 1871. | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879. | 1880. |
|---|---|---|---|---|---|---|---|---|---|---|
| First ..... | 31 | 61 | 63 | 48 | 49 | 57 | 66 | 63 | 80 | 83 |
| Second..... | 60 | 75 | 60 | 65 | 58 | 46 | 55 | 89 | 82 | 108 |
| Third ..... | 103 | 108 | 80 | 106 | 92 | 72 | 101 | 117 | 137 | 149 |
| Total .... | 194 | 244 | 203 | 219 | 199 | 175 | 222 | 269 | 299 | 340 |
| Minus 1880.. | 146 | 196 | 137 | 121 | 141 | 165 | 118 | 71 | 41 | |

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## WHOOPING COUGH.

The mortality from this disease has been slighter than for a number of years.

MORTALITY FROM WHOOPING COUGH.

| QUARTERS. | 1871. | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879. | 1880 |
|---|---|---|---|---|---|---|---|---|---|---|
| First..... | 53 | 253 | 71 | 107 | 132 | 139 | 92 | 195 | 219 | 82 |
| Second..... | 66 | 188 | 57 | 102 | 98 | 96 | 85 | 120 | 153 | 68 |
| Third ..... | 160 | 82 | 76 | 168 | 110 | 104 | 184 | 50 | 94 | 71 |
| Total .... | 279 | 523 | 204 | 372 | 340 | 341 | 361 | 365 | 466 | 221 |
| Plus 1880.... | 58 | 302 | | 151 | 119 | 120 | 140 | 144 | 245 | |
| Minus 1880.. | | | 17 | | | | | | | |

## DIARRHŒAL DISEASES.

On the previous occasions we have reported the mortality from this class of diseases for the third quarter only, as in the earlier, the disease was comparatively slight. But, owing to the hot weather in the early portion of this year, we find that a comparatively large number of deaths took place from this cause during the second quarter; a fact which accounts for, as previously stated, a little more than half of the increase in the number of deaths this year. A little study of the accompanying table will show that the deaths from these diseases were less than in any of the preceding years excepting 1878 and 1879, during the third quarter.

PARTIAL MORTALITY FROM DIARRHŒAL DISEASES.

| QUARTER. | 1871. | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879 | 1880. |
|---|---|---|---|---|---|---|---|---|---|---|
| Third ..... | 2,324 | 3,520 | 3,030 | 2,784 | 2,999 | 3,064 | 2,657 | 2,119 | 2,065 | 2,312 |
| Plus 1880 ... | 12 | 1,208 | 718 | 472 | 687 | 752 | 345 | | | |
| Minus 1880 . | | | | | | | | 193 | 227 | |

The early hot weather before the time of employment of the usual agencies charged with the prevention and cure of these diseases will account for the difference this year, as regards the comparative mortality from this cause. It was markedly less than in the hot summer of 1872, compared to deaths per thousand of population from this cause: 1880, $3\frac{13}{100}$; 1873, $3\frac{74}{100}$; 1875, $3\frac{31}{100}$; 1876, about $3\frac{36}{100}$; 1879, $2\frac{43}{100}$. Population according to census in 1880 and 1875, computed as 1,000,000 in 1873, 1,100,000 in 1879, probably too low.

MORTALITY FROM DIARRHŒAL DISEASES.

| QUARTERS. | 1871. | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879. | 1880. |
|---|---|---|---|---|---|---|---|---|---|---|
| First..... | 253 | 228 | 273 | 117 | 159 | 118 | 118 | 122 | 127 | 128 |
| Second.... | 715 | 943 | 437 | 252 | 290 | 383 | 464 | 389 | 458 | 1,349 |
| Third..... | 2,324 | 3,520 | 3,030 | 2,784 | 2,999 | 3,064 | 2,657 | 2,119 | 2,085 | *2,312 |
| Total ... | 3,292 | 4,691 | 3,740 | 3,153 | 3,448 | 3,565 | 3,239 | 2,630 | 2,670 | 3,789 |
| Plus 1880.... | | 902 | | | | | | | | |
| Minus 1880.. | 497 | | 49 | 636 | 341 | 224 | 550 | 1,159 | 1,119 | |

*Registered Mortality.

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SUN STROKE.

The deaths from the direct effects of solar heat, were 58, during the 2d, and 58 during the 3d quarter—116 in all. During previous years,

| 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. | 1879. |
|---|---|---|---|---|---|---|---|
| 320 | 34 | 19 | 19 | 206 | 21 | 52 | 41 |

The number of vaccinations performed by the bureau of vaccination so far this year, (Oct. 1st,) amounts to 27,496. This as contrasted with last year shows a considerable diminution, owing in part to the early hot weather interfering with vaccination during June. The prominence given in the papers to several deaths which occurred in New York and neighborhood created a certain degree of prejudice. In this connection it should be stated, that those who died of small pox had not been vaccinated, and so far as the cases in Harlem were concerned, that the patients stated that what had appeared in the papers had deterred them from the operation. As regards the first case of the disease, which gave it to the other three, the record at the school was, 'not vaccinated because parents object to the operation.'

At the last report we mentioned the improvement which the law had brought about in the construction of tenement houses. Under this law, the Board of Health has prepared a permit, which we believe of sufficient interest to introduce here as regards some of its features. The requirements of a main shaft have been extended, so that those for three story houses must be of 12 square feet, (1.115 square meter,) and, for four story houses of 16 square feet (1.486 square meter) area, and for one of 5 stories of 20 square feet—(1.858 sq. m.) Each habitable room must open on the outer air or upon a shaft of these dimensions, uncovered at the top, or with sufficient side ventilating louver. No water closet is allowed to open upon an air shaft which ventilates habitable rooms. The only kind of privy vault which is permitted is of the school sink or trough pattern, consisting simply of an iron trough with a removable plug, some having a grating to prevent the entrance of bodies likely to choke the drain pipe. These are readily emptied, do not hold any considerable quantity of fæcal matter, are easily cleaned, and, in case of contagious disease in the families of those using them, are readily disinfected. It should be added that when the water closet does not open to the outer

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air, it must be provided with an independent air shaft of at least three square feet (0.279 sq. m.) area. This same kind of privy has been substituted in a less number of cases for the former kind, when this was a cause of complaint. That kind even when connected with the sewer was often neglected, became offensive from the impregnation of its walls, and from the obstructions to which it was liable, so that when near a house it proved an intolerable nuisance. The following plan of plumbing is one which meets the approval of the members of the Board of Health, and is one to which they have come after a number of conferences and a hearing of persons interested in the subject. Messrs. Gallatin, Wingate, Bayles and others met the Board in relation to this subject. The only question which arose, upon which there was a want of unanimity, was about the necessity for a trap between the houses, and the sewer. It has seemed to us that this is a matter which would have considerable of interest for the members of this Society, and so we give it in full.

"All the plumbing should be so placed as to be readily inspected. Every soil and waste pipe should be of iron, and should extend through and at least two feet (0.609 m.) above the roof, of undiminished size. There should be no traps on vertical soil-or waste pipes. The house drain should be of iron, should have a sufficient fall, and should be provided with a proper trap near the street, and with an inlet for fresh air just inside the trap. It should run along the cellar wall, and never be hidden under ground. These iron pipes should be sound, free from holes, and of a uniform thickness of not less than $\frac{1}{8}$ inch (3 mm.) for a diameter, of two, three or four inches, (5, 7$\frac{1}{2}$ or 10 cm.) or $\frac{5}{32}$ of an inch (4 mm.) for a diameter of 5 or 6 inches (12$\frac{1}{2}$ or 15 cm.) Before they are connected, they should be thoroughly coated inside and outside with coal-tar pitch applied hot, or with some other equivalent substance. All joints in the soil and waste pipes should be so caulked with lead or cement made of iron filings and sal ammoniac, as to make them impermeable to gases. Every sink, every basin, every water-closet, and every tub or set of tubs should be separately and properly trapped. All traps should be ventilated by a special pipe extending above the roof. Every safe under a basin, refrigerator or other fixture should be drained by a special pipe not directly connected with any waste pipe, drain, or sewer. Every water-closet must be supplied with water from a special cistern and not by direct connection with the Croton supply. When the pressure of the Croton is insufficient to supply the cistern a pump must be provided."

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In submitting this report, your committee would call especial attention to the evidence presented as to the contagious character of Diphtheria. This leads to the conviction that closer observation and a more perfect elimination of obscurity, in groups of cases observed, will more clearly establish its actively contagious character and render more apparent the urgency of such precautionary measures as are scrupulously followed in other recognized contagious and infectious disorders.

The influence of unsanitary surroundings in favoring the development and spread of this disease, is universally conceded.

Several series of cases have been furnished by physicians under whose observation the cases have fallen. Several of them, especially those by Dr. H. F. Kingsley, of Schoharie, and Dr. E. W. Spafford, of Portlandville, show the relation of privy or other contamination of the domestic water supply. The history of a group of cases arising from a single source of infection, furnished by Dr. E. W. Hill, of Glens Falls, is a valuable contribution to the direct proofs sought, of the contagious character of Diphtheria.

Your committee cannot too earnestly recommend the employment of every means of disinfection as well as rigid isolation in all cases of this disorder.

We would especially urge upon the profession the duty of so influencing the Boards of Education, having in charge the welfare of the children in our communities, as to ensure the proper sanitary supervision of the schools in regard to contagious disorders as well as other sanitary needs which have heretofore been pointed out.

Respectfully Submitted,

E. V. STODDARD,
*Chairman.*

E. V. STODDARD,
D. GUERNSEY,
J. S. MOSHER,
J. G. ORTON,
C. R. AGNEW,
E. HUTCHINSON,
H. JEWETT,
} *Committee.*

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# OBITUARIES.

## I. Biographical Sketch of Dr. Edward R. Hun.

By Samuel B. Ward, M. D., of Albany, N. Y.

Dr. Edward Reynolds Hun, eldest son of Dr. Thomas Hun, was born in Albany, N. Y., on April 17, 1842. The standing social and professional, of his parents and family are too well known to require more than a passing mention.

Dr. Hun graduated from Harvard College in the class of 1863, and received his professional diploma from the College of Physicians and Surgeons, in New York City, in 1866. After several months of study abroad he went into private practice in Albany, and not long afterwards accepted the position of Special Pathologist to the N. Y. State Lunatic Asylum at Utica. His experience there led to his publishing a translation of Bouchard's tract on Secondary Degenerations of the Spinal Cord, which appeared in the American Journal of Insanity for January and April, 1869; a paper on the Pulse of the Insane, in the same Journal for Jan., 1870; a paper on Hæmatoma Auris, in the number for July, 1870; and one on Labio-Glosso-Laryngeal Paralysis, in the issue for October, 1871. He also presented to the Medical Society of the State of New York, at its annual meeting in 1869, a complete, valuable, and well illustrated paper on Trichina Spiralis.

There was scarcely a public charity of any kind in Albany, or the vicinity, which did not desire to avail itself of his valuable professional services; and the large amount of work of this kind which he did in connection with St. Peter's, the Albany and the Child's Hospitals, the Orphan Asylums and the like, together with his ever-increasing private practice, compelled him to relinquish his connection with the Asylum at Utica. On the re-organization of the faculty of the Albany Medical College, in 1876, he accepted the chair of Diseases of the Nervous System, which he filled up to the time of his death.

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Dr. Hun was an indefatigable worker, never sparing himself night or day in the care of the sick, and the annals of the Albany County Medical Society, together with the papers before mentioned, bear ample evidence of the interest he took in the literary and scientific departments of his profession. He was also a member of the American Medical Association, of the New York Neurological Society, of the Roman Medical Society, and of the Medical Society of the State of New York, and was the secretary of the last named in 1876.

In 1874 he married the daughter of John B. Gale, Esq., of Troy. His widow with four children survive him.

Dr. Hun was naturally a man of more than average talent, had every opportunity offered him, was a faithful student, a firm friend and devoted to his family circle. It is no wonder that everyone felt his loss, and those who knew him best felt it most.

In 1876 he was thrown from his carriage, while returning from a professional call in the country, receiving injuries to his head and chest. He was unconscious for several hours, but his convalescence was fairly rapid and apparently complete. After a time, however, his general health began to fail; obscure and ill-defined trouble with his brain followed; and in 1879 he was compelled, temporarily as it was hoped, to give up his practice. In spite of every care there was not the permanent improvement which his friends had hoped, and death came to him quite suddenly on March 14, 1880, in the 38th year of his age.

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## II. OBITUARY NOTICE OF DR. DANIEL G. THOMAS.

By SAMUEL G. WOLCOTT, M. D., of Utica, N. Y.

Dr. Daniel Golden Thomas, the subject of this notice, the son of James Thomas, was born in Dutchess county, N. Y., near Poughkeepsie, October 24, 1806, and was, at the time of his death, 73 years old.

His early life was spent upon a farm where he labored, and during the winter months he acquired a common school education. When about twenty years old he was brought under the influence of two old companions who were about to commence the study of medicine. Intuitively he seized upon the idea to join in with them. Inexperienced and in poor health,

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and illy prepared generally, he exhibited a desire and a determination to commence study, and to effect his purpose, he entered the office of Drs. Peck and Clark, two distinguished physicians, of Whitesboro, as student, and confirmed his friends in the wisdom of his choice by the complete devotion he manifested for the life he had selected.

In 1829 he attended a course of lectures, at Fairfield, Herkimer county, but upon their termination his health had become severely impaired, and he was attacked with hemorrhage of the lungs. This was a heavy blow for the ambitious young man, and he was delayed from passing his examination with his friends, but nothing daunted, he resolutely went before the board of Censors of Herkimer County, and passed a successful examination the same time. We now see him at twenty-three years of age—self-reliant, determined, devoted, ready and anxious to enter the ranks of the medical profession. A small opening soon presents itself in the village of Norwich, which he does not delay to accept.

In the following year a larger field, a more desirable position is vacated at New Hartford, which Dr. Thomas accepted, gratified at the extended opportunities offered to him of making himself known to the sick and suffering. During this year (1833) he was married to Miss Maria C. Hull, by whom he had three children, one son and two daughters.

In 1836 he attended a course of medical lectures at Jefferson Medical College, Philadelphia, from which institution he received a medical degree. The next year he was solicited by his friends and old teachers—Drs. Peck and Clark to come to Whitesboro and take the charge of their practice. In this locality Dr. Thomas remained for some years and was unwearied in his attention to his patients, and acquired a deserved reputation for his skill. At the termination of this time he formed a co-partnership with Dr. Charles B. Coventry, of Utica. These gentlemen enjoyed a large and lucrative business in the center of New York, for many years; they were warmly interested in every movement made for the advancement of the profession, they wrote frequently upon medical subjects, and their papers were well received at our State and County meetings.

After 1860 until his death, Dr. Thomas was not associated with another physician, except for a short time; he continued unremitting, however, in his attention to his professional duties,

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and never appeared to enjoy life so perfectly as when completely overrun with patients.

For the last four years his health had been failing, and the inroads of age were very perceptible; at times he seemed improved and entered upon a case with the interest and ardor of youth, but death had marked him for his own, and after a few months of gradual decline he passed quickly into rest.

As a practitioner he possessed many rare traits. His prognosis was remarkably rapid and not usually improved by reflection; perhaps this intuitive faculty usurped too often the place of close study and continued investigation. He possessed also great self-reliance, and his success may have awakened within him the impression that little beyond his "ken" was worth the seeking. His industry was life-long, untiring; his resolution and devotion unbounded. The stops and mishaps he experienced by the way, became but points for rest and recuperation; he understood no such language as failure. He was in every sense a hard worker, and worked with the expectation of receiving his reward. It may be said that he was fond of acquiring; he was, however, no financier. Money came in from countless sources, but the means of egress always produced a dearth. Dr. Thomas possessed strong religious feeling and was a warm and active supporter of the church of which he died a member.

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## III. OBITUARY NOTICE OF DR. HORATIO KNIGHT BELLOWS.

BY GEORGE W. AVERY, M. D., OF NORWICH, N. Y.

Horatio Knight Bellows was born in the village of New Berlin, Chenango county, New York, November 5th, 1823. He received a good academic education at Norwich and Hamilton Academies. In 1842 he commenced the study of medicine with his father, Daniel Bellows, who was an active practitioner in the town of Norwich, N. Y. He attended lectures during 1845–6, at the medical department of the New York University, and graduated from that institution in the spring of 1847.

For several years thereafter, he practiced medicine in conjunction with his father in Norwich, N. Y.

In 1855, his father retired from active practice, and he assumed the entire responsibility of a large and lucrative professional business.

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In August, 1852, he was united in marriage to Margaret S. Bockee, by whom he had four daughters, three of whom are now living. His wife died April 6, 1872.

In November, 1875, he was again married to Charlotte A. Bradner, by whom he had one daughter.

In the month of May, 1848, he united with the First Congregational Church of Norwich, N. Y., upon profession of faith, and lived an upright christian life until his death.

He was a man of close and original observations, and was most congenial and agreeable to his companions and intimate friends. He always took a lively interest in medical organizations, was president of the Chenango County Medical Society from 1857 to 1863.

In 1863 this society elected him a delegate to the State Medical Society, of which in 1866 he was made a permanent member, and, with two or three exceptions, was a constant attendant at its annual meetings.

He was also a permanent member of the American Medical Association, and an honorary member of the California State Medical Society.

On January 29th, 1878, debilitated with the severe mental and physical labor connected with his practice, he was attacked with cerebral anæmia, from which or the consequent brain changes, he suffered for more than a year, and died March 30th, 1880.

In his death, the profession has lost one of its honored members, the church one of its strongest pillars, and the community in which he lived a beloved and trusted physician.

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## IV. BIOGRAPHICAL SKETCH OF DR. C. A. ROBERTSON, M. D.

By J. S. MOSHER, M. D., of Albany, N. Y.

Charles Archibald Robertson was born in Mobile, Ala., on the 15th of October, 1825, being the son of Archibald T. Robertson, of New London, Conn., and Sarah Carnico, of Beverly, Mass. His father was of Scotch, and his mother of French and English descent.

He pursued his studies at the Beverly Academy and Phillips' Exeter Academy, at Exeter, N. H., entering Harvard College in 1846, from which he was graduated in 1850. He

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commenced his preparatory medical studies at the Tremont Street Medical School, where he attended two courses of lectures, being at that time a special student of diseases of the chest, under Dr. Henry I. Bowditch, when he also took up special studies in skin diseases, under Dr. Silas M. Durkee.

He attended lectures at the Jefferson Medical College, Philadelphia, and received his diploma from that institution in 1853. Returning to Boston, he studied diseases of the eye and ear at the Perkins Institution and Boston Eye and Ear Infirmary, which studies were also pursued at Wills' Hospital in Philadelphia. The next year and a half were spent in Europe for professional study and general travel; four months he was under the instructions of the noted aurist of St. Mark's Hospital in Dublin—Sir William R. Wilde. At Paris he devoted himself to the teachings of Desmarres and Sichel, giving his time and studies to the clinics of these great masters.

Dr. Robertson, on his return to this country, commenced practice with a preparation which is the fortune of but few. Learned in all the departments of his profession, he was well qualified to take his position in some special branch. Up to about this time the specialties of the profession were usually filled by men who had either indifferent special preparation, or were ignorant pretenders. The rapid development of medical science had made it important that the practice should be divided, and the development of specialties into the importance they have since assumed, depended upon the decision of a few men like Dr. Robertson, who, with liberal culture and undoubted ability for the field of general practice, preferred a special department in which to work.

The department which he selected was diseases of the eye and ear, commencing at Boston in 1855, and soon after removing to the State of New York.

In 1861 he joined the medical staff of the army, and was appointed surgeon of the 159th regiment of New York volunteers. He served with distinction in that regiment until 1863, being for a portion of the time Division Surgeon in General Grover's Division, at Port Hudson. As an indication of the kind of service which he performed, we recall the history of that regiment, which served at Port Hudson, Red River and other fields of that locality, during campaigns where desperate fighting left on the field scarcely more urgent calls for surgical



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assistance, than the poisoned malaria of the swamps of this semi-tropical region.

In a limited sketch such as this is necessarily, it is impracticable to give the detailed history of those long years of trial and terrible experience, or enough of it even to convey any adequate idea of the kind of work which would follow the course of an ardent and active temperament like that of Dr. Robertson. Irish Bend is made historic by the desperate and successful resistance of his regiment in a sudden exposure to a masked battery, and the dead, whose bones lie there, are evidence of the valor of the 159th, as are many living whose lives were saved, proofs of the surgeon's skill, called for and exercised under circumstances of personal danger.

Owing to ill health resulting from his army life, he resigned his commission and returned north to resume practice in 1863, settling temporarily at Poughkeepsie. He continued here for a year and then removed permanently to Albany, where he remained in practice till the time of his death, being the first regular oculist who located in this section of the State. He was at once and permanently successful, starting as he did in the pioneer work of special practice, where but few believed it could succeed, he lived long enough to see his specialty standing in the front rank of his profession; introduced into every general medical institution in Albany and Troy, and looked to by all the wide country that relies upon these places for medical and surgical consultations. He was surgeon in charge of the department of diseases of the eye and ear at St. Peter's Hospital, and Opthalmic and Aural surgeon of the Albany Hospital. For years he was attending oculist at the Troy Hospital, and afterward Surgeon-in-chief of the Eye and Ear Relief, an institution founded for general work in this department, having branches in Albany and Troy, both of which were under his charge, assisted by an able staff.

He held ever a leading place among American oculists, and was one of the founders of the American Opthalmological Society; was a member of the International Opthalmological Society, also of the American Otological Society and delegate to the American Medical Association. He was permanent member of The Medical Society of the State of New York, having been a delegate for several years from the Medical Society of the County of Albany, of which organization he had been

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President. He was active as one of the Censors of this last named Society, and in the societies to which he belonged was always prominent in their leading committees.

Dr. Robertson was in close relation with the world, and was interested in many affairs about him which were not medical. He was decided in his political opinions, but averse to holding an office which would interfere with professional work. He was president of the Young Men's Association in 1875, and member of the Board of Public Instruction at the time of his death.

His literary taste was marked and his style clear, vigorous and incisive. His method of thought was simple and direct and moved with independence, which was a necessity of his mental organization. There was no indirection in his life, and no possibility of it in his mental action. With the most subtle examination of every point in discussion, he sometimes left a wound for a time with those who thought his arrows tinged with bitter meaning; when understood, however, he was appreciated as only an earnest and honest advocate, whose close cuts were but the intellectual "accuracy of fine fence," but with no malice.

His earnestness when interested in a cause, knew no question as to expediency, or possible complication, so long as he believed he was in the right; as illustrating this, was his able advocacy of the pardon of young Walworth, the facts of whose case came accidentally into his hands and whose pardon probably resulted from his review of them. It was complimentary to his methods that this letter was credited to a distinguished member of the bar, until it became known that Dr. Robertson was the writer.

His medical writings consist of Reports of cases and monographs; the titles of the following have been collected:—

"The Importance of Examining the Dioptric Media in some Pathological affections of the Eye:" Feb. 1865.

"Glaucoma and its Cure by Iridectomy." Translated from the French: Nov. 1866.

"A Review of the Report concerning the Last Illness of Dr. Alden March:" Jan. 1870.

"Some Curious Reflex Phenomena after Injuries of the Eye:" July 1870.

"Medical Ethics and Medical Discussions:" Jan. 1871.

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"Violent Rupture of Superior Rectus Oculi." "Section and Advancement of Internal Rectus Oculi:" 1873.

"Remarkable Perturbation of the Olfactory Nerve following Extraction of Cataract:" 1873.

"Diagnosis of Diseases of the Eye:" 1874.

"An Eye Case in the Courts:" 1874.

"Old Eyes made New, or Injury from Eye Cups:" 1874.

"Pigmentation of Retina:" 1877.

"Obituary of Dr. John V. P. Quackenbush." (Transactions of Medical Society, State of New York,) 1877.

Dr. Robertson was the author of many papers on general topics. His address to the Grand Army of the Republic, of which he was a member, on the occasion of the Decoration Celebration of May 31, 1875, was extensively circulated and highly prized. He lectured on many occasions both at the Albany Medical College, to the Medical Society and to general audiences, and many of his lectures were published in full.

He died April 1, 1880 of chronic pleurisy, which had confined him to his house and bed for nearly a year. His death was not unexpected, although his remarkable vitality had so resisted disease that hope was not fully extinguished until near the last. His mind was unclouded and he gave his attention to all about him to the end. In his last moments he was surrounded by those whose friendship had lasted long; and the testimonials of regret from the various bodies of which he was a member, or to which he had given his sympathy and aid were many, and indicated the greatness of the loss which the community had sustained in his death.

Dr. Robertson was married to Miss Ellen A. Fuller, of Cambridge, Mass., in 1853.

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## V. OBITUARY NOTICE OF DR. JOHN V. LANSING.

By ALBERT VANDERVEER, M. D., of Albany, N. Y.

John V. Lansing, M. D., of whom we desire to speak in this our tribute of respect to his memory, was born at Lansingburgh, Feb. 16, 1824. He was a descendant of one of the oldest Dutch families in this portion of the State. His grandfather gave the land, where the village of Lansingburgh now stands, over one hundred years ago. His early years were

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passed amid the peaceful associations of a farmer's home, and then were laid the foundations of a blameless character and a useful life.

Evincing early a love for study, his parents gave him every opportunity they could, which resulted in his graduating with honor from Rutger's College, New Brunswick, N. J., in the summer of 1843. Soon after this he began the study of law, but, after graduating he did not like the practice, and then took up the study of medicine, receiving his diploma in due time from the New York Medical College. Of his life during these years, we know little, but that little is in harmony with all that we know of him in after association. As has been said by a near relative, he was a man of many and great acquirements. Immediately after graduating in medicine, he was appointed Professor of Materia Medica in the N. Y. Medical College, a most flattering testimonial to his standing as a student, and soon after attending physician at the Flatbush Insane Asylum. How long he held these positions, I am unable to state.

The endurance of the friendships Dr. Lansing formed in early life, and the character of his friends chosen then and, indeed, ever after, prove that there was much in him to win and hold the esteem and love of those whose love and esteem were worth gaining. We are told that the same modesty and retiring disposition, which characterized his later years, marked his earlier ones. One circumstance related of him will serve to show his peculiar temperament. While most collegiates and especially those of the promise of Dr. Lansing, are full of hope and plans for the future, acting and thinking as though this life were of endless duration, he was ever conscious of its brevity and believed that for him the years here were to be few. So firmly did he believe this, that, at one time, the belief became to him a presentiment that he would die on a certain day. His friends endeavored, by reason and ridicule, to remove the impression, but, being unable to do so, and determined that he should not fall a victim to his fears as they apprehended he might, they gathered about him and, throughout the hours of the day and night, by jests and merriment, compelled him to forget himself and his vagary.

There is much in his history of great interest but known to only a few of his most intimate friends. He came to Albany

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and began the practice of medicine in 1859. So well were his abilities recognized, that, soon after the breaking out of the war, Dr. S. O. Vanderpoel, then Surgeon General of the State, appointed him examiner of recruits for this city, a very responsible position, and one he seems to have filled with entire satisfaction to all concerned.

Soon after the close of the war, he was appointed attending physician to the Albany Hospital, and later, in 1867, Professor of Materia Medica in the Albany Medical College, which position he held until 1870, when he was transferred to the chair of Principles and Practice of Medicine and Clinical Medicine, retaining the latter professorship until the close of 1876. About this time he met with an irreparable loss in the death of a very estimable and loving wife.

Quiet and unobtrusive in manner, quick in perception, clear and accurate in judgment, firm and immutable in principle, he was respected and trusted by all his associates. Impartial and just in all his intercourse with the students, they both feared and revered him.

A few years since it was his misfortune, while practicing at a rifle match, to cause the death of the attendant. Though entirely acquitted of any blame, he never fully recovered from the shock which this unfortunate accident caused him. From this time he shrunk more from public life and even in his own home was much changed. In 1877 he accepted the appointment of Surgeon to Dannemora prison, giving up his very excellent practice in this city. Entering with interest upon the duties awaiting him in his new field of labor, he was warmly welcomed by the circle, that is there a world within itself. He made it a study, and I have been told that he could converse with any prisoner in his native tongue. The change of professional work seemed beneficial to him, and his friends hoped to see him once again happy, in the performance of his duty and congenial associations. But this was not to be so. Suddenly May 9, 1880, came the tidings of his untimely death by accidental drowning, casting a sad gloom over all who knew him. He was a member of the Albany Institute, of the County Medical Society, the American Medical Association and other societies, to all of which he had contributed valuable papers at different periods.

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## VI. BIOGRAPHICAL SKETCH OF ALFRED BOLTER, M. D.

By JAMES C. CARSON, M. D., Willard, N. Y., President of the Seneca County Medical Society.—Communicated by that Society.

The subject of this sketch, Dr. Alfred Bolter, was born at Northampton, Mass., on the 4th day of July, 1811, and spent his early years at that place. In the year 1826 he went to Utica, N. Y., and there became seriously impressed, under the religious influences that followed the preaching of the evangelist, Finney. He came to Ovid, Seneca county, New York, in 1830, and entered the academy, intending to prepare for a collegiate course, with a strong desire and purpose to devote his life to the ministry. While there, from too close application to his studies, his health became seriously impaired. He suffered from pulmonary hemorrhages, and other alarming symptoms became so manifest, that fears were entertained for several years, that an early grave awaited him. At this time, recognizing the precarious state of his health, he consulted Dr. C. C. Coan, who was then a practicing physician in Lodi, New York, but now a resident of Ovid, the oldest living physician in Seneca county (now eighty-seven), who advised him to abandon his desire for the ministry, and think of some occupation that would furnish him an out-door life, as one better adapted to his state of health. Following this advice, but unwilling to give up the idea of a professional life, and unable to use his voice in public speaking, he determined to prepare himself for the practice of medicine, and accordingly, in 1835, he commenced its study in the office of Dr. Coan. His first course of lectures he attended at Fairfield, the others at the Geneva Medical College, and graduated therefrom in 1839. Upon obtaining his degree he located himself for medical practice in Ovid, New York, where he spent the remainder of his life.

In 1842 he was married to Elizabeth, the daughter of his preceptor, Dr. Coan, who, with one son and one daughter, yet survive him.

Dr. Bolter was happily possessed with special gifts of language and a pleasant and convincing public address. With subsequent improved health, and imbued with thoroughly christian principles, it was difficult for him to restrain his early-formed desire for public speaking, when he felt that his faculties could be used for the good of others. Soon after he

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began the practice of his profession, the country was quite generally aroused upon the subject of temperance reform. He early became an advocate of total abstinence, and prepared an address upon this subject, which he had illustrated by plates, showing the deleterious effects of alcohol upon the human stomach. This address is still remembered by many yet living, and is said to have been both eloquent and effective.

In 1844, he delivered a course of lectures upon medical subjects before the Institute in Ithaca, New York.

In 1850 he was elected a member of the Legislature of the State of New York, from Seneca county, but he had no fondness for the arena of partisan politics, and ever afterward declined both to seek for, or hold any political office.

In 1858 he became a permanent member of The Medical Society of the State of New York, and in the same year also, he was made a member of the faculty of his *alma mater*, the Geneva Medical College, and retained this position for several years, giving lectures upon The Theory and Practice of Medicine.

He frequently contributed original articles upon various medical subjects, to the Seneca County Medical Society, of which he was a member, and always took a lively interest in all matters pertaining to his profession. In the study of medical science he became from the first an enthusiast, always regarding his calling, to which he was ardently attached, as a noble one in the highest degree, and desired to honor it both in his devotion to its duties, and in his earnestness to become more and more proficient to discharge them faithfully. His reputation as a physician, and particularly as a surgeon, extended over a wide circle in his community. In the latter branch he was especially zealous, and he performed many difficult and dangerous operations with skill and success. In the transactions of the State Medical Society for 1866 is the report of a case, contributed by him to the Society, upon "Congenital Hypertrophy of the Tongue—Amputation."

In local affairs, Dr. Bolter was always an active citizen. For many years he was a trustee of the Ovid Academy, and in 1875 was the president of the board of trustees of the village. In local religious duties he was also a zealous and active worker, and for more than twenty years was the superintendent of the Sabbath School in the Presbyterian church in

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Ovid, of which he was one of its most devoted members. But in all matters, the duties of his profession received his first attention, as paramount to all others.

About the year 1860 he was thrown from his carriage, and sustained a severe comminuted fracture of the upper third of the left femur, which proved a serious shock to his system, and from which he only recovered after a period of prolonged suffering and confinement of nearly a year's duration, with decided shortening of the limb and a resulting permanent lameness. For some years before his death his health was again seriously impaired, chiefly the result of the above mentioned injury, and a severe attack of pneumonia, from which he suffered in the spring of 1873, and which, in a measure, seemed to arouse anew the long slumbering lung disease of his youth. For six months prior to his death, July 12th, 1880, he was confined to his house, and much of the time to his bed. During all this time, the sufferings of his illness, oftentimes intense, were quietly, bravely, and patiently borne, and his room seemed like the privileged chamber, "where the good man meets his fate quite on the verge of heaven."

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# Medical Society of the State of New York,

# 1881.

## OFFICERS.

PRESIDENT,
ABRAHAM JACOBI, New York, N. Y.

VICE-PRESIDENT,
WILLIAM GOVAN, Stony Point, N. Y.

SECRETARY,
WM. MANLIUS SMITH, (7 Myers Block,) Syracuse, N. Y.

TREASURER,
CHARLES H. PORTER, (55 Eagle street,) Albany, N. Y.

## MEMBERS.

### I. DELEGATES FROM COUNTY MEDICAL SOCIETIES.

| County. | Names of Delegates. | Post Office. | Term Expires. |
|---|---|---|---|
| Albany..... | J. D. Featherstonhaugh. | 3 Summit street, Cohoes..... | 1885 |
| " ..... | Thomas Helme..... | McKownsville..... | 1885 |
| " ..... | Joseph W. Moore..... | 92 Mohawk street, Cohoes..... | 1885 |
| " ..... | Eugene Van Slyke..... | 320 South Pearl street, Albany..... | 1885 |
| Allegany..... | W. W. Crandall..... | Andover..... | 1883 |
| Broome..... | L. D. Witherill..... | Union..... | 1883 |
| Cattaraugus..... | *Not yet elected*..... | ——..... | 1885 |
| " ..... | " " ..... | ——..... | 1885 |
| Cayuga..... | Frank Kenyon..... | Auburn..... | 1885 |
| " ..... | John Gerin..... | Auburn..... | 1885 |
| Chautauqua..... | Harris B. Osborne..... | Sherman..... | 1884 |
| " ..... | H. R. Rogers..... | Dunkirk..... | 1884 |
| Chemung..... | Wm. Woodward..... | Big Flats..... | 1885 |
| Chenango..... | M. D. Spencer..... | Guilford..... | 1882 |
| Clinton..... | L. C. Dodge..... | Rouse's Point..... | 1882 |
| Columbia..... | G. E. Benson,..... | Hudson..... | 1882 |
| " ..... | M. L. Bates..... | Canaan Four Corners..... | 1882 |
| Cortland..... | Miles G. Hyde..... | Cortland Village..... | 1882 |
| Delaware..... | Ira Wilcox..... | Franklin..... | 1883 |
| " ..... | D. H. Mann..... | Delhi..... | 1883 |
| Dutchess..... | Edwin Barnes..... | Pleasant Plains..... | 1884 |

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| County. | Names of Delegates. | Post Office. | Term Expires. |
|---|---|---|---|
| Dutchess | Alfred Hasbrouck | Poughkeepsie | 1884 |
| Erie | E. N. Brush | Utica, N. Y. | 1882 |
| " | E. T. Dorland | 384 E. Swan street, Buffalo | 1882 |
| " | H. R. Hopkins | 164 Franklin street, Buffalo | 1882 |
| " | T. M. Johnson | 10 South Division street, Buffalo | 1882 |
| " | Henry Lapp | Clarence | 1882 |
| Essex | Conant Sawyer | Au Sable Forks | 1884 |
| Franklin | A. M. Phelps | Chateaugay | 1883 |
| Fulton | John E. Burdick | Rockwood | 1884 |
| Genesee | W. W. Potter | Batavia | 1883 |
| Greene | Charles E. Willard | Catskill | 1884 |
| Hamilton | (*Has no Medical Society.*) | | |
| Herkimer | A. J. Browne | Newport | 1882 |
| Jefferson | Wm. C. Bailey | Adams Centre | 1884 |
| " | J. D. Spencer | Watertown | 1884 |
| Kings | J. Byrne | 314 Clinton street, Brooklyn | 1882 |
| " | E. N. Chapman | 95 Pierrepont street, Brooklyn | 1882 |
| " | G. G. Hopkins | 375 Grand avenue, Brooklyn | 1882 |
| " | Charles Jewett | 307 Gates avenue, Brooklyn | 1882 |
| " | A. Otterson | 179 Washington street, Brooklyn | 1882 |
| " | F. W. Rockwell | 6 LaFayette avenue, Brooklyn | 1882 |
| " | J. D. Rushmore | 129 Montague street, Brooklyn | 1882 |
| " | J. C. Shaw | 177 Schermerhorn street, Brooklyn | 1882 |
| " | S. Sherwell | 186 Remsen street, Brooklyn | 1882 |
| " | W. Wallace | 183 Congress street, Brooklyn | 1882 |
| " | B. F. Westbrook | 174 Clinton street, Brooklyn | 1882 |
| " | J. S. Wight | 115 Pacific street, Brooklyn | 1882 |
| Lewis | Wm. H. Johnson | Port Leyden | 1884 |
| Livingston | Wm. B. Alley | Nunda | 1883 |
| Madison | A. D. Head | Eaton | 1886 |
| Monroe | J. O. Roe | Rochester | 1883 |
| " | C. S. Starr | Rochester | 1883 |
| " | J. W. Whitbeck | Rochester | 1883 |
| Montgomery | Wm. H. Robb | Amsterdam | 1883 |
| New York | F. H. Bosworth | 26 West 46th street, New York | 1883 |
| " | L. D. Bulkley | 1 E. 33d street, New York | 1883 |
| " | C. S. Bull | 47 E. 23d street, New York | 1883 |
| " | W. M. Carpenter | 123 E. 25th street, New York | 1883 |
| " | G. H. Fox | 18 E. 31st street, New York | 1883 |
| " | V. P. Gibney | 135 E. 42d street, New York | 1883 |
| " | W. R. Gillette | 149 West 23d street, New York | 1883 |
| " | A. McL. Hamilton | 43 East 33d street, New York | 1883 |
| " | H. T. Hanks | 55 East 59th street, New York | 1883 |
| " | E. G. Janeway | 51 East 25th street, New York | 1883 |
| " | L. Johnson | 323 West 27th street, New York | 1883 |
| " | A. B. Judson | 129 East 17th street, New York | 1883 |
| " | Daniel Lewis | 147 East 45th street, New York | 1883 |
| " | A. V. B. Lockrow | 709 Madison avenue, New York | 1883 |
| " | W. T. Lusk | 47 East 34th street, New York | 1883 |
| | C. W. Packard | 937 Park avenue, New York | 1883 |

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| County. | Names of Delegates. | Post Office. | Term Expires. |
|---|---|---|---|
| New York | A. C. Post | 291 Madison avenue, New York | 1883 |
| " | B. Robinson | 37 West 35th street, New York | 1883 |
| " | E. H. M. Sell | 51 West 35th street, New York | 1883 |
| " | S. Sexton | 12 West 35th street, New York | 1883 |
| " | F. R. Sturgis | 16 West 32d street, New York | 1883 |
| " | R. W. Taylor | 42 West 21st street, New York | 1883 |
| " | J. S. Warren | 204 West 38th street, New York | 1883 |
| " | D. Webster | 266 Madison avenue, New York | 1883 |
| Niagara | M. S. Kittinger | Lockport | 1884 |
| " | W. I. Ransom | Lockport | 1884 |
| Oneida | J. S. O'Hara | Utica | 1885 |
| " | H. C. Palmer | Rome | 1885 |
| " | George Seymour | Utica | 1885 |
| Onondaga | H. B. Allen | Baldwinsville | 1883 |
| " | J. H. Graves | Syracuse | 1883 |
| " | A. P. Shumway | Geddes | 1883 |
| Ontario | F. R. Bentley | Cheshire | 1884 |
| Orange | John C. Boyd | Monroe | 1883 |
| " | R. V. K. Montford. | Newburgh | 1883 |
| Orleans | H. C. Tompkins | Knowlesville | 1884 |
| Oswego | N. W. Bates | Central Square | 1883 |
| " | D. Pardee | Fulton | 1883 |
| Otsego | Henry T. Harris | Laurens | 1885 |
| " | Wm. H. Leonard | East Worcester | 1885 |
| Putnam | J. Q. Adams | Carmel | 1884 |
| Queens | Jos. H. Bogart | Roslyn | 1884 |
| " | Lewis Graves | Long Island City | 1884 |
| Rensselaer | Charles H. Burbeck. | Centre Brunswick | 1883 |
| " | W. S. Cooper | 81 Third street, Troy | 1883 |
| " | R. D. Traver | 8 Waverly place, Troy | 1883 |
| Richmond | J. J. Van Rensselaer. | New Brighton | 1885 |
| Rockland | E. H. Maynard | Nyack | 1885 |
| St. Lawrence | L. E. Felton | Potsdam | 1882 |
| " | F. Geare | Ogdensburgh | 1882 |
| " | C. M. Wilson | Hammond | 1882 |
| Saratoga | R. C. McEwen | Saratoga Springs | 1885 |
| " | B. W. Noxon | Ballston Spa | 1885 |
| Schenectady | Maurice Perkins | Schenectady | 1885 |
| Schoharie | W. S. Layman | Schoharie | 1884 |
| Schuyler | S. B. Allen | Burdette | 1883 |
| Seneca | John B. Chapin | Willard | 1883 |
| Steuben | Eli Allison | Wayne | 1885 |
| " | M. J. Baker | Hornellsville | 1885 |
| Suffolk | Ebenezer P. Jervis. | Centre Moriches | 1883 |
| Sullivan | George M. Beakes | Bloomingburgh | 1885 |
| Tioga | George B. Cady | Nichols | 1885 |
| Tompkins | A. D. Simonds | Etna | 1885 |
| Ulster | E. McKenzie | Port Ewen | 1886 |
| " | S. Schoonmaker | Rosendale | 1886 |
| " | H. R. Winter | Shandaken | 1886 |

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| County. | Names of Delegates. | Post Office. | Term Expires. |
|---|---|---|---|
| Warren | D. B. Howard | Warrensburgh | 1884 |
| Washington | John Lambert | Salem | 1882 |
| " | Theod. C. Wallace | Cambridge | 1882 |
| Wayne | L. S. Sprague | Williamson | 1882 |
| " | J. E. Smith | Clyde | 1882 |
| Westchester | N. H. Freeland | Tarrytown | 1882 |
| " | John J. Linson | Tarrytown | 1882 |
| " | Samuel G. Swift | Yonkers | 1882 |
| Wyoming | George M. Palmer | Pike | 1883 |
| Yates | William Oliver | Penn Yan | 1883 |
| Medical Faculty New York City University: | Alfred L. Loomis, 42 West 25th street, New York | | 1882 |
| New York Academy of Medicine: | C. E. Billington, 110 Madison avenue, New York | | 1882 |
| | F. A. Burrall, 48 West 17th street, New York | | 1882 |
| | E. D. Hudson, Jr., 227 West 22d street, New York | | 1882 |
| | J. C. Peters, 83 Madison avenue, New York | | 1882 |
| | T. Gaillard Thomas, 294 Fifth avenue, New York | | 1882 |
| Bellevue Hospital Medical College: | Austin Flint, Jr., 418 Fifth avenue, New York | | 1882 |
| College of Physicians and Surgeons, New York: | John C. Dalton, 101 East 23d street, New York | | 1884 |
| Long Island College Hospital | | | 1884 |

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|---|---|---|---|
| Medical Department, Union University: | Samuel B. Ward, Albany | | 1885 |
| Medical Department, University of Buffalo: | Charles Cary, Buffalo | | 1885 |
| College of Medicine of Syracuse University: | Wm. T. Plant, Syracuse | | 1885 |

## II. PERMANENT MEMBERS.

For regulations with regard to permanent members, their election, initiation fees, annual dues, etc., see pages 2 and 3 of this volume. Permanent members who neglect to pay their dues for three years, are dropped from the following list till arrearages are paid. [By-Laws, chap. VI., section 5.]

In case of the death of any member of this Society, it shall be the duty of the county medical society within the bounds of which he last resided, to transmit to the Secretary of the Society, a suitable obituary notice for publication in the Transactions. [By-Laws, chap. V., section 10.]

| Year of Election. | Name. | Post Office. | County. |
|---|---|---|---|
| 1876 | George Abbott | Hamburgh | Erie. |
| 1880 | Ira H. Abell | Antwerp | Jefferson. |
| 1861 | Cornelius R. Agnew | 266 Madison Avenue | New York. |
| 1880 | H. R. Ainsworth | Addison | Steuben. |
| 1877 | L. J. Ames | Mount Morris | Livingston. |
| 1867 | W. C. Anderson | Stapleton | Richmond. |
| 1874 | Judson B. Andrews | Buffalo | Erie. |

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| Year of Election. | Name. | Post Office. | County. |
|---|---|---|---|
| 1878 | G. W. Avery | Norwich | Chenango. |
| 1863 | Alexander Ayres | Fort Plain | Montgomery. |
| 1858 | Charles G. Bacon | Fulton | Oswego. |
| 1857 | M. M. Bagg | Utica | Oneida. |
| 1874 | James S. Bailey | Albany | Albany. |
| 1864 | William H. Bailey | Albany | Albany. |
| 1859 | John Ball | 122 Montague st., Brooklyn | Kings. |
| 1878 | Newton H. Ballou | Mechanicsville | Saratoga. |
| 1869 | James L. Banks | 57 Fifth Avenue | New York. |
| 1855 | Fordyce Barker | 24 East 38th street | New York |
| 1863 | C. V. Barnett | Coxsackie | Greene. |
| 1867 | Lyman Barton | Willsborough | Essex. |
| 1869 | Wilson T. Bassett | Cooperstown | Otsego. |
| 1876 | Eugene Beach | Gloversville | Fulton. |
| 1866 | E. L. Beadle | Poughkeepsie | Dutchess. |
| 1876 | Frank D. Beebee | Hamilton | Madison. |
| 1866 | A. N. Bell | Garden City | Queens. |
| 1880 | Michael D. Benedict | Syracuse | Onondaga. |
| 1879 | M. L. Bennett | Watkins | Schuyler. |
| 1864 | Z. H. Blake | Dansville | Livingston. |
| 1876 | William N. Blakeman | 28 West 37th street | New York. |
| 1862 | John Boardman | Buffalo | Erie. |
| 1861 | Reed B. Bontecou | Troy | Rensselaer. |
| 1871 | Walter Booth | Boonville | Oneida. |
| 1866 | Gideon Botsford | Greenville | Greene. |
| 1865 | E. W. Bottum | Lyons | Wayne. |
| 1868 | J. R. Boulware | Albany | Albany. |
| 1872 | Nathan Bozeman | 296 Fifth Avenue | New York. |
| 1847 | George W. Bradford | Syracuse | Onondaga. |
| 1874 | Elisha H. Bridges | Ogdensburgh | St. Lawrence. |
| 1879 | Z. B. Bridges | Ogdensburgh | St. Lawrence. |
| 1868 | Israel I. Buckbee | Fonda | Montgomery. |
| 1876 | Daniel D. Bucklin | Lansingburgh | Rensselaer. |
| 1869 | Daniel W. Burdick | Preble | Cortland. |
| 1876 | J. H. Hobart Burge | 134 Montague street, Brooklyn | Kings. |
| 1854 | George Burr | Binghamton | Broome. |
| 1875 | M. H. Burton | Troy | Rensselaer. |
| 1874 | James D. Button | Auburn | Cayuga. |
| 1866 | J. E. Casey | Mohawk | Herkimer. |
| 1881 | Frederick A. Castle | 102 East 57th street | New York. |
| 1881 | William Chace | Mayville | Chautauqua. |
| 1877 | W. M. Chamberlain | 68 West 40th street | New York. |
| 1863 | J. K. Chamberlayne | Utica | Oneida. |
| 1878 | James Chapman | Medina | Orleans. |
| 1877 | J. Frs. Chapman | Katonah | Westchester. |
| 1879 | Walter B. Chase | 812 De Kalb Avenue, Brooklyn | Kings. |
| 1878 | J. H. Chittenden | Binghamton | Broome. |
| 1868 | Alonzo Churchill | Utica | Oneida. |
| 1850 | Alonzo Clark | 23 East 21st street | New York. |

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| Year of Election. | Name. | Post Office. | County. |
|---|---|---|---|
| 1872 | Simeon T. Clark | Lockport | Niagara. |
| 1879 | A. S. Coe | Oswego | Oswego. |
| 1867 | Darwin Colvin | Clyde | Wayne. |
| 1875 | George W. Cooke | Otego, | Otsego. |
| 1863 | John R. Cooper | Poughkeepsie | Dutchess. |
| 1873 | J. R. Cotes | Batavia | Genesee. |
| 1870 | William H. Craig | Albany | Albany. |
| 1867 | H. S. Crandall | Leonardsville | Madison. |
| 1879 | J. Mortimer Crawe | Watertown | Jefferson. |
| 1879 | John Cronyn | Buffalo | Erie. |
| 1876 | A. H. Cruttenden | Bath | Steuben. |
| 1876 | A. S. Cummings | Cayuga | Cayuga. |
| 1859 | Alexander J. Dallas | Syracuse | Onondaga. |
| 1881 | John C. Dalton | 43 West 48th street | New York. |
| 1879 | John Davidson | Hempstead | Queens. |
| 1868 | H. D. Didama | Syracuse | Onondaga. |
| 1879 | Theodore Dimon | Auburn | Cayuga. |
| 1873 | J. S. Dolson | Bath | Steuben. |
| 1874 | A. T. Douglas | Rondout | Ulster. |
| 1876 | George Douglas | Oxford | Chenango. |
| 1878 | H. G. DuBois | Camden | Oneida. |
| 1881 | Wm. H. Dudley | 301 Henry street, Brooklyn | Kings. |
| 1856 | J. P. Dunlap | Syracuse | Onondaga. |
| 1873 | George W. Earll | Skaneateles | Onondaga. |
| 1870 | Ellsworth Eliot | 48 West 36th street | New York. |
| 1881 | Smith Ely | Newburgh | Orange. |
| 1875 | William S. Ely | Rochester | Monroe. |
| 1871 | Thomas Addis Emmet | 89 Madison Avenue | New York. |
| 1871 | Nelson Fanning | Catskill | Greene. |
| 1879 | Horace P. Farnham | 36 West 40th street | New York. |
| 1876 | E. D. Ferguson | Troy | Rensselaer. |
| 1857 | George J. Fisher | Sing Sing | Westchester. |
| 1873 | William Fitch | Dryden | Tompkins. |
| 1855 | Austin Flint | 418 Fifth Avenue | New York. |
| 1832 | Joel Foster | 265 Fourth Avenue | New York. |
| 1870 | Robert Frazier | Camden | Oneida. |
| 1862 | Samuel H. Freeman | Albany | Albany. |
| 1870 | S. H. French | Amsterdam | Montgomery. |
| 1880 | P. R. Furbeck | Gloversville | Fulton. |
| 1861 | Charles C. F. Gay | Buffalo | Erie. |
| 1878 | William Gould | Buffalo | Erie. |
| 1875 | J. W. S. Gouley | 311 Madison Avenue | New York. |
| 1858 | William Govan | Stony Point | Rockland. |
| 1872 | Joshua B. Graves | Corning | Steuben. |
| 1865 | John P. Gray | Utica | Oneida. |
| 1858 | Caleb Green | Homer | Cortland. |
| 1872 | Henry H. Green | Paine's Hollow | Herkimer. |
| 1877 | Joseph C. Greene | Buffalo | Erie. |
| 1880 | Frederick S. Greene | Coxsackie | Greene. |

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| Year of Election. | Name. | Post Office. | County. |
|---|---|---|---|
| 1871 | L. Griffin | Binghamton | Broome. |
| 1876 | Desault Guernsey | Amenia | Dutchess. |
| 1855 | Luther Guiteau | Trenton | Oneida. |
| 1872 | G. L. Halsey | Unadilla | Otsego. |
| 1851 | Frank H. Hamilton | 43 West 32d street. | New York. |
| 1877 | T. Hammond | Dover Plains | Dutchess. |
| 1869 | S. H. Harrington | Chenango Forks | Broome. |
| 1860 | Elisha Harris | 65 Bible House, Astor place | New York. |
| 1875 | J. Hasbrouck | Port Ewen | Ulster. |
| 1880 | C. R. Heaton | Owego | Tioga. |
| 1873 | William H. Helm | Sing Sing | Westchester. |
| 1870 | H. C. Hendrick | McGrawville | Cortland. |
| 1878 | John H. Hinton | 41 West 32d street | New York. |
| 1874 | B. L. Hovey | Rochester | Monroe. |
| 1866 | E. W. Howard | Warrensburgh | Warren. |
| 1868 | Samuel T. Hubbard | 27 West 9th street | New York. |
| 1872 | A. C. Hull | Olive | Ulster. |
| 1854 | Thomas Hun | Albany | Albany. |
| 1858 | Nathaniel C. Husted | Tarrytown | Westchester. |
| 1874 | Alexander Hutchins | 796 DeKalb Ave., Brooklyn | Kings. |
| 1872 | Edwin Hutchinson | Utica | Oneida. |
| 1878 | James C. Hutchison | Troy | Rensselaer. |
| 1864 | Joseph C. Hutchison | 479 Clinton Avenue, Brooklyn. | Kings. |
| 1854 | Frederick Hyde | Cortlandville | Cortland. |
| 1875 | Abraham Jacobi | 110 West 34th street | New York. |
| 1861 | J. Foster Jenkins | Yonkers | Westchester. |
| 1860 | Harvey Jewett | Canandaigua | Ontario. |
| 1856 | James V. Kendall | Baldwinsville | Onondaga. |
| 1880 | C. Henry King | Stapleton | Richmond. |
| 1880 | Herman Knapp | 25 West 24th street | New York. |
| 1871 | J. L. Lamoree | Grahamville | Sullivan. |
| 1857 | H. H Langworthy | Rochester | Monroe. |
| 1881 | Henry Lapp | Clarence | Erie. |
| 1878 | James R. Leaming | 160 West 23d street | New York. |
| 1878 | J. K. Leaning | Fly Creek | Otsego. |
| 1875 | Joseph Lewi | Albany | Albany. |
| 1867 | Jared Linsly | 22 LaFayette place | New York. |
| 1868 | David Little | Rochester | Monroe. |
| 1872 | James L. Little | 60 West 40th street | New York. |
| 1878 | Alfred J. Long | Whitehall | Washington. |
| 1849 | Dyer Loomis | New Berlin | Chenango. |
| 1871 | R. Loughran | Kingston | Ulster. |
| 1871 | Frank S. Low | Pulaski | Oswego. |
| 1862 | E. S. Lyman | Sherburne | Chenango. |
| 1880 | E. M. Lyon | Plattsburgh | Clinton. |
| 1877 | Henry March | Albany | Albany. |
| 1879 | Arthur Mathewson | 96 Clinton street, Brooklyn | Kings. |
| 1854 | F. T. Maybury | Binghamton | Broome. |
| 1874 | Bartholomew G. McCabe | Whitestone | Queens. |



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| Year of Election. | Name. | Post Office. | County. |
|---|---|---|---|
| 1871 | S. F. McFarland | Oxford | Chenango. |
| 1872 | Leroy McLean | Troy | Rensselaer. |
| 1869 | Julius F. Miner | Buffalo | Erie. |
| 1870 | E. M. Moore | Rochester | Monroe. |
| 1870 | Jacob S. Mosher | Albany | Albany. |
| 1879 | B. A. Mynderse | Schenectady | Schenectady. |
| 1875 | Judson C. Nelson | Truxton | Cortland. |
| 1863 | Jacob Newkirk | Roxbury | Delaware. |
| 1873 | Robert Newman | 119 West 47th street | New York. |
| 1868 | Clark A. Nicholson | Beekman | Dutchess. |
| 1870 | Henry D. Noyes | 233 Madison Avenue | New York. |
| 1880 | D. V. O'Leary | Albany | Albany. |
| 1868 | Evander Odell | Unadilla | Otsego. |
| 1876 | William Oliver | Penn Yan | Yates. |
| 1866 | John Ordronaux | Roslyn | Queens. |
| 1856 | John Gay Orton | Binghamton | Broome. |
| 1877 | A. R. Otis | Dundee | Yates. |
| 1873 | Charles N. Palmer | Lockport | Niagara. |
| 1858 | Ed. H. Parker | Poughkeepsie | Dutchess. |
| 1847 | Willard Parker | 41 East 12th street | New York. |
| 1863 | Wm. H. H. Parkhurst | Frankfort | Herkimer. |
| 1878 | F. B. Parmele | Greenbush | Rensselaer. |
| 1873 | John Parr | Buel | Montgomery. |
| 1866 | Israel Parsons | Marcellus | Onondaga. |
| 1874 | R. W. Pease | Syracuse | Onondaga. |
| 1881 | S. H. Peck | Ithaca | Tompkins. |
| 1880 | Henry G. Piffard | 10 West 35th street | New York. |
| 1881 | Thos. R. Pooley | 107 Madison Avenue | New York. |
| 1880 | J. O. Polhemus | Nyack | Rockland. |
| 1877 | Abiathar Pollard | Westport | Essex. |
| 1871 | Charles G. Pomeroy | Newark | Wayne. |
| 1869 | Charles H. Porter | Albany | Albany. |
| 1878 | W. W. Porter | Geddes | Onondaga. |
| 1857 | Wm. S. Preston | Patchogue | Suffolk. |
| 1879 | Jonathan S. Prout | 167 Clinton street, Brooklyn | Kings. |
| 1872 | P. V. S. Pruyn | Kinderhook | Columbia. |
| 1877 | A. E. M. Purdy | 288 Madison Avenue | New York. |
| 1864 | Samuel A. Purdy | 61 West 50th street | New York. |
| 1871 | R. C. Reynolds | Pittsford | Monroe. |
| 1858 | Tabor B. Reynolds | Saratoga Springs | Saratoga. |
| 1875 | C. B. Richards | Binghamton | Broome. |
| 1872 | Charles E. Rider | Rochester | Monroe. |
| 1879 | William Ring | Buffalo | Erie. |
| 1870 | Thomas F. Rochester | Buffalo | Erie. |
| 1878 | D. B. St. John Roosa | 20 East 30th street | New York. |
| 1877 | James M. Rose | West Winfield | Herkimer. |
| 1868 | William Russell | Utica | Oneida. |
| 1848 | W. G. Sands | Oxford | Chenango. |
| 1855 | Augustus L. Saunders | Brookfield | Madison. |

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| Year of Election. | Name. | Post Office. | County. |
|---|---|---|---|
| 1878 | P. R. H. Sawyer | Bedford | Westchester. |
| 1866 | Lewis A. Sayre | 285 Fifth Avenue | New York. |
| 1877 | Benjamin A. Segur | 281 Henry street, Brooklyn | Kings. |
| 1860 | William P. Seymour | Troy | Rensselaer. |
| 1868 | John P. Sharer | Little Falls | Herkimer. |
| 1877 | A. F. Sheldon | Pultneyville | Wayne. |
| 1871 | B. F. Sherman | Ogdensburgh | St. Lawrence. |
| 1870 | George F. Shrady | 247 Lexington avenue | New York. |
| 1873 | E. W. Simmons | Canandaigua | Ontario. |
| 1856 | Elbridge Simpson | Hudson | Columbia. |
| 1873 | J. Marion Sims | 267 Madison avenue | New York. |
| 1875 | Eben S. Smith | Penn Yan | Yates. |
| 1878 | George C. Smith | Rondout | Ulster. |
| 1857 | Stephen Smith | 57 West 42d street | New York. |
| 1867 | William Manlius Smith | Manlius | Onondaga. |
| 1875 | N. L. Snow | Albany | Albany. |
| 1849 | Morgan Snyder | Fort Plain | Montgomery |
| 1871 | S. Fleet Spier | 162 Montague street, Brooklyn | Kings. |
| 1873 | H. G. P. Spencer | Watertown | Jefferson. |
| 1874 | William B. Sprague | Pavilion | Genesee. |
| 1861 | Edward R. Squibb | Brooklyn | Kings. |
| 1872 | T. H. Squire | Elmira | Chemung. |
| 1875 | J. K. Stanchfield | Elmira | Chemung. |
| 1879 | C. L. Stiles | Owego | Tioga. |
| 1880 | E. V. Stoddard | Rochester | Monroe. |
| 1859 | Phineas H. Strong | Buffalo | Erie. |
| 1875 | Thomas D. Strong | Westfield | Chautauqua. |
| 1877 | George Swinburn | Rochester | Monroe. |
| 1863 | John Swinburne | Albany | Albany. |
| 1865 | Isaac E. Taylor | 7 East 36th street | New York. |
| 1877 | William Taylor | Canastota | Madison. |
| 1871 | Nathan R. Teft | Onondaga Hill | Onondaga. |
| 1870 | J. W. Thompson | Watkins | Schuyler. |
| 1864 | J. Towler | Geneva | Ontario. |
| 1869 | M. W. Townsend | Bergen | Genesee. |
| 1879 | Asa W. Tupper | North Granville | Washington. |
| 1880 | R. K. Tuthill | Poughkeepsie | Dutchess. |
| 1862 | S. M. VanAlstyne | Richmondville | Schoharie. |
| 1860 | S. Oakley Vander Poel | Albany | Albany. |
| 1876 | Albert Vanderveer | Albany | Albany. |
| 1876 | Solomon Van Etten | Port Jervis | Orange. |
| 1873 | R. H. Ward | Troy | Rensselaer. |
| 1880 | R. F. Weir | 37 West 33d street | New York. |
| 1876 | Joseph E. West | Utica | Oneida. |
| 1869 | William C. Wey | Elmira | Chemung. |
| 1846 | John H. Wheeler | Athens | Greene. |
| 1867 | Devillo White | Sherburne | Chenango. |
| 1854 | James P. White | Buffalo | Erie. |
| 1868 | Lewis H. White | Fishkill | Dutchess. |

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| Year of Election. | Name. | Post Office. | County. |
|---|---|---|---|
| 1879 | William T. White | 130 East 30th street | New York. |
| 1869 | Darling B. Whitney | East Norwich | Queens. |
| 1869 | Henry B. Whiton | Troy | Rensselaer. |
| 1869 | Jacob S. Wigton | Spring Valley | Rockland. |
| 1862 | Harvey B. Wilbur | Syracuse | Onondaga. |
| 1881 | P. M. Wise | Willard | Seneca. |
| 1881 | C. E. Witbeck | Cohoes | Albany. |
| 1864 | Samuel G. Wolcott | Utica | Oneida. |
| 1861 | Charles S. Wood | 171 West 47th street | New York. |
| 1855 | James R. Wood | 80 Irving place | New York. |
| 1867 | C. C. Wyckoff | Buffalo | Erie. |
| 1880 | Richard M. Wyckoff | 532 Clinton avenue, Brooklyn | Kings. |
| 1877 | F. Wylie | Bath | Steuben. |

## III. NON-RESIDENT PERMANENT MEMBERS.

[Art. I, sec. 5, (last paragraph,) of the By-Laws.]

| Year of Election. | Name. | Residence. |
|---|---|---|
| 1864 | E. M. Alba | St. Augustine, Florida. |
| 1862 | Joseph Beattie | Richmond, Va. |
| 1862 | H. A. Carrington | New Haven, Conn. |
| 1846 | N. S. Davis | Chicago, Ill. |
| 1845 | Stephen H. Hasbrouck | Jersey City, N. J. |
| 1857 | Sanford B. Hunt | Newark, N. J. |
| 1860 | J. H. Jerome | Saginaw City, Mich. |
| 1864 | Charles McMillan | Rome, Italy. |
| 1861 | John McNulty | Knoxville, Tenn. |
| 1855 | G. C. Monell | Omaha, Nebraska. |
| 1833 | John G. Morgan | St. Louis, Missouri. |
| 1857 | J. C. Morse | Sabula, Iowa. |
| 1869 | James B. Murdoch | Pittsburgh, Penn. |
| 1875 | J. H. Pooley | Columbus, Ohio. |
| 1846 | Harmon Van Dusen | Mineral Point, Wis. |
| 1872 | Arthur S. Wolff | Galveston, Texas. |

## IV. RETIRED PERMANENT MEMBERS.

The following By-Law was adopted February 3d, 1881, (see page 38, Trans. 1881,): Permanent members of the age of sixty years and upwards, who have been permanent members ten years, on making application to the Secretary, the application being accompanied with the Treasurer's certificate that all dues have been paid up to that date, shall be placed on the list of Retired Permanent Members, and shall thereafter be exempt from the payment of dues, and have the rights and privileges of honorary members Such retired permanent members may be restored to full permanent-membership on payment of half the amount of dues that would have accrued during their period of retirement.

| Year of Election. | Name. | Residence. | Year of Retirement. |
|---|---|---|---|
| 1861 | John G. Adams | New York, N. Y. | 1881 |
| 1865 | Edmund S. F. Arnold | Newport, R. I. | 1881 |

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| Year of Election. | Name. | Residence. | Year of Retirement. |
|---|---|---|---|
| 1866 | Thompson Burton | Fultonville, N. Y. | 1881 |
| 1864 | H. S. Chubbuck | Elmira, N. Y. | 1881 |
| 1854 | Thomas F. Cock | New York, N. Y. | 1881 |
| 1865 | Jacob Hunt | Utica, N. Y. | 1881 |
| 1845 | Ferris Jacobs | Delhi, N. Y. | 1881 |
| 1857 | Jonathan Kneeland | South Onondaga, N. Y. | 1881 |
| 1861 | Nelson Nivison | Burdett, N. Y. | 1881 |
| 1859 | Henry N. Porter | New York Mills, N. Y. | 1881 |
| 1845 | William D. Purple | Greene, N. Y. | 1880 |
| 1856 | Jacob G. Snell | Amsterdam, N. Y. | 1881 |
| 1869 | Wm. T. Swart | Canandaigua, N. Y. | 1881 |
| 1864 | James S. Whaley | Rome, N. Y. | 1881 |
| 1851 | Joseph White | Canajoharie, N. Y. | 1880 |
| 1859 | Horace K. Willard | East New York, N. Y. | 1880 |
| 1865 | Julien T. Williams | Dunkirk, N. Y. | 1880 |

## V. HONORARY MEMBERS.

| Year of Election. | Name. | Residence. |
|---|---|---|
| 1864 | J. Adams Allen | Michigan. |
| 1868 | Joseph K. Barnes | U. S. Army. |
| 1880 | J. S. Billings | U. S. Army. |
| 1879 | Henry I. Bowditch | Boston, Mass. |
| 1863 | W. Braithwaite | London, England. |
| 1862 | Henry Bronson | New Haven, Conn. |
| 1880 | Joseph B. Brown | U. S. Army. |
| 1877 | W. A. F. Brown | Dumfries, Scotland. |
| 1867 | C. E. Brown-Sequard | London, England. |
| 1881 | James C. Bucknill | London, England. |
| 1877 | Samuel C. Busey | Washington, D. C. |
| 1855 | Horace A. Buttolph | Trenton, N. J. |
| 1871 | William H. Byford | Chicago, Ill. |
| 1862 | William B. Carpenter | London, England. |
| 1833 | Walter Channing | Boston, Mass. |
| 1849 | Alonzo Clark | New York. |
| 1863 | John M. Cuyler | U. S. Army. |
| 1875 | J. M. DaCosta | Philadelphia, Pa. |
| 1866 | N. S. Davis | Chicago, Ill. |
| 1875 | Francisco Dichiara | Palermo, Italy. |
| 1874 | J. Matthews Duncan | Edinburgh, Scotland. |
| 1859 | Silas Durkee | Boston, Mass. |
| 1863 | Pinckney Webster Ellsworth | Hartford, Conn. |
| 1881 | William Farr | London, England. |
| 1861 | W. Frazer | Montreal, Canada. |
| 1867 | Middleton Goldsmith | Louisville, Ky. |
| 1879 | William Warren Green | Portland, Me. |
| 1875 | Elisha H. Gregory | St. Louis, Mo. |
| 1856 | Samuel D. Gross | Philadelphia, Pa. |
| 1860 | Ernest Hart | London, England. |

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| Year of Election. | Name. | Residence. |
|---|---|---|
| 1879 | Christopher Heath | London, England. |
| 1877 | William S. Hopkins | Vergennes, Vt. |
| 1864 | Oliver P. Hubbard | Hanover, N. H. |
| 1871 | E. K. Hunt | Hartford, Conn. |
| 1875 | Ezra M. Hunt | Metuchen, N. J. |
| 1857 | Henry Julian Hunter | Sheffield, England. |
| 1870 | Ralph Isham | Chicago, Ill. |
| 1862 | John Jeffries | Boston, Mass. |
| 1863 | Thomas Jennings | Nashville, Tenn. |
| 1861 | Pliny A. Jewett | New Haven, Conn. |
| 1873 | Joseph Meredith Jones | Washington, D. C. |
| 1868 | Thomas S. Kirkbride | Philadelphia, Pa. |
| 1870 | H. M. Knight | Lakeville, Conn. |
| 1873 | H. C. Lombard | Geneva, Switzerland. |
| 1871 | William McCollom | Brooklyn, New York. |
| 1873 | Rawdon McNamara | Dublin, Ireland. |
| 1879 | L. Auguste Mercier | Paris, France. |
| 1877 | S. Weir Mitchell | Philadelphia, Pa. |
| 1852 | George W. Norris | Philadelphia, Pa. |
| 1875 | Lewis W. Oakley | Elizabeth, N. J. |
| 1865 | Alonzo B. Palmer | Ann Arbor, Mich. |
| 1843 | Willard Parker | New York. |
| 1840 | Placido Fortal | Palermo, Italy. |
| 1852 | Samuel S. Purple | New York. |
| 1874 | Benjamin W. Richardson | London, England. |
| 1857 | John Rolph | Toronto, Canada. |
| 1864 | William M. Rutherford | Harrisburg, Pa. |
| 1854 | Henry L. Sabin | Williamstown, Mass. |
| 1853 | Abram Sager | Michigan. |
| 1864 | William J. Sloan | U. S. Army. |
| 1866 | Albert Smith | Peterboro, N. H. |
| 1871 | Edwin M. Snow | Providence, R. I. |
| 1860 | Alfred Stille | Philadelphia, Pa. |
| 1873 | Robert Stokes | Dublin, Ireland. |
| 1871 | D. Humphreys Storer | Boston, Mass. |
| 1880 | W. F. Teevan | London, England. |
| 1866 | Samuel W. Thayer | Burlington, Vt. |
| 1870 | William Henry Thayer | Brooklyn, N. Y. |
| 1875 | J. M. Toner | Washington, D. C. |
| 1869 | Theodore R. Varick | Jersey City, N. J. |
| 1872 | Rudolph Virchow | Berlin, Germany. |
| 1871 | John H. Webb | Galveston, Texas. |
| 1877 | Louis de Wecker | Paris, France. |
| 1874 | T. Spencer Wells | London, England. |
| 1864 | Stephen Wickes | Orange, N. J. |
| 1861 | James R. Wood | New York. |
| 1862 | Ashbel Woodward | Franklin, Conn. |
| 1871 | Wilmer Worthington | Westchester, Pa. |

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# PERSONS ELIGIBLE TO MEMBERSHIP.

## I. ELIGIBLE TO PERMANENT MEMBERSHIP.

### FIRST DISTRICT.

| Became Eligible. | | County. |
|---|---|---|
| 1870 | Samuel R. Percy | New York. |
| 1862 | C. L. Mitchell | Kings. |
| 1862 | John P. Garrish | New York. |
| 1863 | B. Raphael | New York. |
| 1864 | James Kennedy | New York. |
| 1864 | Louis Elsberg | New York. |
| 1867 | Thomas S. Bahan | New York. |
| 1867 | Christopher Prince | New York. |
| 1867 | Wm. F. Thoms | New York. |
| 1867 | Andrew Otterson | Kings. |
| 1867 | James Anderson | New York. |
| 1868 | Edward H. James | New York. |
| 1869 | Isaac H. Barber | Kings. |
| 1870 | Wm. C. Otterson | Kings. |
| 1870 | John S. Young | Kings. |
| 1861 | G. S. Winston | New York. |
| 1872 | Gouverneur M. Smith | New York. |
| 1872 | Fred A. Burrall. (Academy ofMedicine,). | New York. |
| 1877 | R. A. Barry (Academy of Medicine) | New York. |
| 1877 | George Bayles | New York. |
| 1877 | Frank P. Foster | New York. |
| 1878 | H. T. Hanks | New York. |
| 1880 | Lucius D. Bulkley | New York. |
| 1880 | George H. Fox | New York. |
| 1880 | F. R. Sturgis | New York. |
| 1881 | A. McLane Hamilton | New York. |
| 1881 | Laurence Johnson | New York. |
| 1881 | Alfred C. Post | New York. |
| 1881 | Frank W. Rockwell | Kings. |
| 1881 | John D. Rushmore | Kings. |
| 1881 | David Webster | New York. |

### SECOND DISTRICT.

| | | |
|---|---|---|
| 1862 | James Hart Curry | Westchester. |
| 1865 | Avery Cook | Orange |
| 1873 | Augustus Huhne | Ulster. |
| 1877 | Thomas S. Dawes | Ulster. |
| 1877 | William H. Gedney | Ulster. |
| 1880 | N. H. Freeland | Westchester. |
| 1881 | E. H. Loughran | Ulster. |
| 1881 | John J. Linson | Westchester. |
| 1881 | Samuel G. Swift | Westchester. |

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THIRD DISTRICT.

| | | |
|---|---|---|
| 1865 | John Pindar | Schoharie. |
| 1869 | John Calhoun | Delaware. |
| 1869 | James S. McLaury | Delaware. |
| 1871 | Charles L. Hubbell | Rensselaer. |
| 1871 | E. W. Carmichael | Rensselaer. |
| 1872 | J. C. Benham | Columbia. |
| 1874 | Lemuel Cross | Schoharie. |
| 1874 | Israel C. Bourne | Delaware. |
| 1874 | George P. Salmon | Columbia. |
| 1876 | Amos Fowler | Albany. |
| 1877 | J. D. Lomax | Rensselaer. |
| 1878 | H. R. Haskins | Albany. |
| 1878 | S. S. Cartwright | Delaware. |
| 1878 | W. L. Cooper | Rensselaer. |
| 1879 | Thomas Beckett | Albany. |
| 1879 | H. S. Case | Albany. |
| 1879 | F. C. Curtis | Albany. |
| 1879 | John M. Bigelow (Medical College) | Albany. |
| 1879 | Stephen G. De La Mater | Schenectady. |
| 1880 | Milford L. Bates | Columbia. |
| 1880 | G. E. Benson | Columbia. |
| 1880 | William S. Cooper | Rensselaer. |

FOURTH DISTRICT.

| | | |
|---|---|---|
| 1870 | D. W. Jones | Franklin. |
| 1872 | Louis Samburn | St. Lawrence. |
| 1872 | Joseph D. Stuart | Washington. |
| 1875 | Sanford E. Hale | Essex. |
| 1876 | J. G. Porteous | Warren. |
| 1877 | A. N. Thompson | St. Lawrence. |
| 1878 | B. W. Noxon | Saratoga. |
| 1878 | F. L. R. Chapin | Warren. |
| 1879 | Theron Z. Gibbs | Washington. |
| 1879 | J. C. Still | Washington. |
| 1880 | A. James Browne | Herkimer. |
| 1881 | J. E. Burdick | Fulton. |
| 1881 | Lucius E. Felton | St. Lawrence. |
| 1881 | C. M. Wilson | St. Lawrence. |

FIFTH DISTRICT.

| | | |
|---|---|---|
| 1867 | Thomas B. Smith | Otsego. |
| 1869 | T. J. Green | Oswego. |
| 1870 | Horace Lathrop | Otsego. |
| 1872 | Walter Kempster | Oneida. |
| 1873 | Franklin B. Hough | Lewis. |
| 1873 | F. B. A. Lewis | Jefferson. |
| 1873 | William H. Nelson | Oneida. |

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| Became Eligible. | | County. |
|---|---|---|
| 1873 | F. W. Root | Madison. |
| 1874 | Joseph Gardener | Oswego. |
| 1876 | A. H. Crosby | Lewis. |
| 1877 | L. H. Hills | Otsego. |
| 1877 | S. L. Parmelee | Jefferson. |
| 1879 | Louis A. Tourtellot | Oneida. |
| 1880 | Edwin Evans | Oneida. |
| 1880 | William H. Leonard | Otsego. |
| 1881 | William H. Johnson | Lewis. |
| 1881 | H. W. Carpenter | Madison. |
| 1881 | I. N. Goff | Madison. |
| 1881 | N. W. Bates | Oswego. |
| 1881 | D. Pardee | Oswego. |

SIXTH DISTRICT.

| | | |
|---|---|---|
| 1869 | Lyman Congden | Tompkins. |
| 1870 | Samuel Ensign | Steuben. |
| 1871 | William Bassett | Broome. |
| 1871 | F. M. Perine | Livingston. |
| 1873 | Thomas J. Wheeler | Cattaraugus. |
| 1873 | William B. Alley | Livingston. |
| 1875 | D. W. Birge | Schuyler. |
| 1879 | Ira F. Hart | Chemung. |
| 1880 | B. F. Smith | Chenango. |

SEVENTH DISTRICT.

| | | |
|---|---|---|
| 1865 | Joseph H. Richardson | Cayuga. |
| 1868 | A. W. Marsh | Wayne. |
| 1868 | E. J. Schoonmaker | Seneca. |
| 1869 | D. S. Chamberlain | Wayne. |
| 1873 | T. S. Brinkerhoff | Cayuga. |
| 1873 | Lucius Stevens | Onondaga. |
| 1876 | W. F. Nutten | Wayne. |
| 1878 | D. T. Smith | Ontario. |
| 1879 | Alfred Mercer, (Medical College) | Onondaga. |
| 1881 | J. P. Creveling | Cayuga. |
| 1881 | Henry B. Allen | Onondaga. |

EIGHTH DISTRICT.

| | | |
|---|---|---|
| 1881 | Charles S. Starr | Munroe. |
| 1881 | Thomas M. Johnson | Erie. |
| 1881 | J. O. Roe | Monroe. |

## II. ELIGIBLE TO HONORARY MEMBERSHIP.

| | | |
|---|---|---|
| 1855 | John H. Ridell | |
| 1855 | Christopher Widner | |
| 1857 | Bennett Dowler | New Orleans, La. |



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| Became Eligible. | | County. |
|---|---|---|
| 1863 | Ralph Deming | Litchfield, Conn. |
| 1863 | H. G. Stevens | St. Albans, Vt. |
| 1868 | William Livingston | St. Johns, N. B. |
| 1871 | John J. H. Love | Montclair, N. J. |
| 1872 | Charles N. Hewitt | Red Wing, Minn. |
| 1880 | Walter Carpenter | Burlington, Vt. |
| 1880 | T. J. Turner | U. S. Navy. |
| 1881 | Charles Lockhart Robertson | London, England. |
| 1881 | Sidney Ringer | London, England. |
| 1881 | T. S. Clouston | Edinburgh, Scotland. |
| 1881 | Roberts Bartholow | Philadelphia, Pa. |

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# PHYSICIANS

ON WHOM THE HONORARY DEGREE OF DOCTOR OF MEDICINE HAS BEEN CONFERRED BY THE REGENTS OF THE UNIVERSITY, ON THE RECOMMENDATION OF THE STATE MEDICAL SOCIETY.

[This Society is restricted by statute from nominating more than four persons to the honorary degree of Doctor of Medicine in any one year. And by various resolutions it has been determined that the respective candidates shall possess moral and professional standing, shall be of the age of thirty-five years or upward, and shall receive not less than two-thirds of the votes of the members present. The mode of the nomination shall be as follows:

The Society shall, by open nomination, present the names of any number of physicians, and afterwards the names of the candidates, or such of them as each member shall please to vote for, not to exceed four, shall be voted for in one ballot; and so many as on this ballot shall appear to have received two-thirds of all the votes of the members present, and those only, shall be the persons presented.]

| Year. | Name. | County. |
|---|---|---|
| 1861 | Charles G. Bacon | Oswego. |
| 1847 | Caleb Bannister | |
| 1857 | Milton Barnett | Madison. |
| 1846 | George W. Bradford | Cortland. |
| 1864 | R. Spencer Chapin | New York. |
| 1855 | Alonzo Churchill | Utica, Oneida. |
| 1841 | Claudius C. Coan | Seneca. |
| 1834 | Robert Collins | Rensselaer. |
| 1876 | Samuel M. Crawford | Orange. |
| 1860 | Francis J. D'Avignon | Clinton. |
| 1874 | Peter Denny | Dutchess. |
| 1834 | George Eager | Orange. |
| 1870 | Tobias J. Greene | Parish, Oswego. |
| 1852 | Abel Huntington | Suffolk. |
| 1865 | Ferris Jacobs | Delhi, Delaware. |
| 1832 | Lucius Kellogg | Queens. |
| 1852 | Erastus King | Otsego. |

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| Year. | Name. | County. |
|---|---|---|
| 1855 | Jonathan Kneeland | Onondaga. |
| 1859 | Richard Lanning | Tompkins. |
| 1870 | E. S. Lyman | Sherburne, Chenango. |
| 1845 | William Mason | Chenango. |
| 1844 | Samuel Maxwell | Fulton. |
| 1841 | John Merriman | Columbia. |
| 1853 | Elias P. Metcalf | Livingston. |
| 1846 | Greene Miller | Ulster. |
| 1844 | William W. Miner | New York. |
| 1847 | William Newman | New York. |
| 1871 | Evander Odell | Unadilla, Otsego. |
| 1832 | George W. Phillips | Tompkins. |
| 1848 | Eliphalet Platt | Dutchess. |
| 1856 | Medina Preston | Sangerfield, Oneida. |
| 1833 | Asahel Prior | Madison. |
| 1849 | William D. Purple | Chenango. |
| 1848 | George C. Schaeffer | New York. |
| 1872 | Cornelius H. Schapps | Brooklyn, Kings. |
| 1875 | Henry C. Seeley | Orange. |
| 1845 | Samuel Shumway | Essex. |
| 1854 | Jacob G. Snell | Montgomery. |
| 1827 | James Stevenson | Cambridge, Washington. |
| 1859 | James M. Sturtevant | Oneida. |
| 1873 | Nathan R. Tofft | Onondaga. |
| 1860 | Harrison Teller | Kings. |
| 1833 | Josiah Trowbridge | Erie. |
| 1867 | John Van Ness | Brooklyn, Kings. |
| 1847 | John W. Weed | New York. |
| 1857 | Hiram Wotkyns | Rensselaer. |

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# In Memoriam.

## I. Deceased Permanent Members.

| Year of Election. | Name. | Date of Death. | Age. | Residence. |
|---|---|---|---|---|
| 1863 | Hiram Adams..... | March 9, 1865..... | 62 | Fabius, Onondaga. |
| 1859 | Richard L. Allen..... | May 15, 1873..... | 65 | Saratoga Springs, Saratoga. |
| 1867 | William L. Appley.... | January 6, 1877.... | ... | Cochecton, Sullivan. |
| 1852 | James H. Armsby.... | December 3, 1875.. | 66 | Albany, Albany. |
| 1856 | E. W. Armstrong..... | August 14, 1877.... | 88 | Rochester, Monroe. |
| 1826 | Daniel Ayres..... | May 25, 1853..... | 66 | Amsterdam, Montgomery |
| 1870 | James L. Babcock.... | February 13, 1881. | 55 | Albany, Albany. |
| 1856 | Fred. F. Backus..... | November 4, 1858.. | 64 | Rochester, Monroe. |
| 1813 | Samuel Bard..... | May 24, 1821..... | 79 | New York. |
| 1850 | Enos Barnes..... ... | July 9, 1862..... | 78 | Watkins, Schuyler. |
| 1860 | Charles Barrows..... | October 2, 1870..... | ... | Clinton, Oneida. |
| 1853 | Joseph Bates..... | May 23, 1879..... | 75 | N. Lebanon Sp'gs, Col'bia. |
| 1819 | William Bay..... | September 7, 1865. | 91 | Albany, Albany. |
| 1829 | John B. Beck..... . | April 9, 1851..... | 56 | New York. |
| 1817 | T. Romeyn Beck.... | November 19, 1855. | 64 | Albany, Albany. |
| 1866 | H. K. Bellows..... | March 30, 1880.... | 57 | Norwich, Chenango. |
| 1838 | A. G. Benedict.. ... | October 4, 1862.... | 72 | Red Hook, Dutchess. |
| 1868 | William B. Bibbins.. | January 16, 1871.. | 47 | New York. |
| 1865 | Uriah G. Bigelow.... | February 23, 1873. | 52 | Albany, Albany. |
| 1856 | Daniel P. Bissell.... | October 29, 1874.. | 72 | Utica, Oneida. |
| 1854 | Arba Blair.. ... ... | June 20, 1863..... | 82 | Rome, Oneida. |
| 1845 | Thos. W. Blatchford. | January 7, 1866 ... | 71 | Troy, Rensselaer. |
| 1867 | Reuben Blawis..... | December, 1872.... | ... | Fort Miller, Washington. |
| 1863 | Douglas Bly..... | May 10, 1876..... | 52 | Rochester, Monroe. |
| 1858 | Alfred Bolter..... | July 12, 1880..... | 69 | Ovid, Seneca. |
| 1846 | Benjamin E. Bowen. | March 12, 1878.... | 77 | Mexico, Oswego. |
| 1859 | James P. Boyd..... | May 10, 1881..... | 77 | Albany, Albany. |
| 1850 | Thos. C. Brinsmade.. | June 22, 1868..... | 66 | Troy, Rensselaer. |
| 1855 | Oliver Brisbin..... | July 12, 1871..... | 76 | Schuylerville, Saratoga. |
| 1823 | Thomas Brodhead... | November 11, 1830. | 65 | Clermont, Columbia. |
| 1862 | P. Brooks..... | March 2, 1864..... | 39 | Binghamton, Broome. |
| 1860 | Pelatiah B. Brooks.. | February 27, 1874. | 86 | Binghamton, Broome. |
| 1845 | John R. Brown..... | February 28, 1868.. | 78 | Little Falls, Herkimer. |
| 1874 | Gurdon Buck... ..... | March 6, 1877..... | 70 | New York. |
| 1863 | Henry D. Buckley.... | January 4. 1872.... | 67 | New York. |
| 1870 | Francis Burdick..... | March 22, 1877..... | 59 | Johnstown, Fulton. |

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| Year of Election. | Name. | Date of Death. | Age. | Residence. |
|---|---|---|---|---|
| 1853 | Phineas H. Burdick. | March 28, 1870..... | 69 | Preble, Cortland. |
| 1843 | E. B. Burroughs ..... | June 26, 1843..... | 41 | Greene, Chenango. |
| 1857 | C. V. W. Burton..... | September 23, 1860 | 50 | Lansingburgh, Rensselaer. |
| 1837 | Bryant Burwell..... | September 8, 1861. | 65 | Buffalo, Erie. |
| 1855 | Edson Carr. ..... | November 28, 1861. | 60 | Canandaigua, Ontario. |
| 1866 | Wm. F. Carter..... | April 20, 1866..... | 54 | Cohoes, Albany. |
| 1845 | Merritt H. Cash..... | April 26, 1861..... | 59 | Ridgebury, Orange. |
| 1827 | John H. Cheesman... | October 11, 1862.... | 75 | New York. |
| 1860 | Darius Clark..... | January 23, 1871.... | 72 | Canton, St. Lawrence. |
| 1862 | Jabez Vaughn Cobb.. | August 28, 1877.... | 66 | Lockport, Niagara. |
| 1857 | Mason F. Cogswell.... | January 21, 1864... | 54 | Albany, Albany. |
| 1863 | George Cook..... | June 12, 1876..... | 55 | Canandaigua, Ontario. |
| 1850 | Hiram Corliss..... | September 7, 1877. | 83 | Greenwich, Washington. |
| 1855 | John Cotes..... | February 26, 1859.. | 64 | Batavia, Genesee. |
| 1860 | Levant B. Cotes..... | September 11, 1880 | 79 | Batavia, Genesee. |
| 1822 | Alexander Coventry.. | December 9, 1831... | 65 | Utica, Oneida. |
| 1841 | Charles B. Coventry. | February 23, 1875.. | 74 | Utica, Oneida. |
| 1859 | C. Milford Crandall... | October 4, 1867..... | 41 | Belfast, Allegany. |
| 1868 | Henry W. Dean..... | January 13, 1878.... | 59 | Rochester, Monroe. |
| 1860 | John Demarest..... | October 8, 1872..... | 73 | Spring Valley, Rockland. |
| 1818 | Cornelius E. DePuy. | —— ——, 1822..... | 30 | New York. |
| 1852 | Nicoll H. Deering..... | December 19, 1867. | 73 | Utica, Oneida. |
| 1857 | James Diefendorf..... | January 11, 1868... | 60 | Milwaukee, Wisconsin. |
| 1873 | D. G. Dodge..... | December 30, 1877. | 53 | Rouse's Point, Clinton. |
| 1853 | A. F. Doolittle..... | May 23, 1872..... | 61 | Herkimer, Herkimer. |
| 1829 | H. W. Doolittle..... | December 8, 1853... | 65 | Herkimer, Herkimer. |
| 1863 | Henry S. Downs..... | May 2, 1879..... | 57 | Brooklyn, Kings. |
| 1853 | Benjamin Drake..... | January 11, 1871... | 65 | New York. |
| 1821 | Charles E. Drake..... | —— ——, 1832..... | ... | New York. |
| 1868 | Hiram N. Eastman... | October 14, 1879.... | 69 | Owego, Tioga. |
| 1865 | Sandford Eastman.... | January 8, 1874..... | 53 | Buffalo, Erie. |
| 1825 | Jonathan Eights..... | August 10, 1848.... | 75 | Albany, Albany. |
| 1815 | John Ely..... | August 23, 1849..... | 75 | Coxsackie, Greene. |
| 1836 | Sumner Ely..... | February 3, 1857... | 70 | Clarksville, Otsego. |
| 1876 | William W. Ely..... | March 27, 1879..... | 67 | Rochester, Monroe. |
| 1861 | Franklin Everts..... | February 12, 1864... | 36 | Oswego, Oswego. |
| 1857 | Levi Farr..... | July 18, 1859..... | 72 | Greene, Chenango. |
| 1858 | Warren Fay..... | February 18, 1875.. | 78 | Pavilion, Genesee. |
| 1865 | John Ferguson..... | October 13, 1874.... | 62 | Albany, Albany. |
| 1869 | M. L Finch..... | March 6, 1871..... | 56 | Jonesville, Saratoga. |
| 1852 | Charles E. Fort..... | November 11, 1856. | 62 | Batavia, Genesee. |
| 1846 | James Fountain..... | May 19, 1869..... | 80 | Jefferson Valley, West'r. |
| 1836 | Robert G. Frary..... | December 29, 1862. | 69 | Hudson, Columbia. |
| 1850 | S. H. French..... | May 27, 1877..... | 66 | Lisle, Broome. |
| 1853 | James M. Gardiner... | —— ——, 1858..... | ... | Newburgh, Orange. |
| 1878 | Charles H. Giberson. | April 19, 1879..... | 41 | Brooklyn, Kings. |
| 1842 | Chandler R. Gilman. | September 26, 1865 | 63 | New York |
| 1866 | Samuel Gilmore..... | December 6, 1879... | 76 | Fleming, Cayuga. |
| 1844 | Thomas Goodsell..... | January 12, 1864.... | 83 | Utica, Oneida. |

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| Year of Election. | Name. | Date of Death. | Age. | Residence. |
|---|---|---|---|---|
| 1847 | Edmund F. Grant.... | Lost in the "Arctic," September 27, 1854 | ... | ——— Dutchess. |
| 1855 | Henry C. Gray..... | February 10, 1877. | ... | N. White Cr'k, Wash'ton. |
| 1857 | Abel Green..... | November 7, 1862.. | 52 | Paine's Hollow, Herkimer. |
| 1856 | Horace Green..... | November 29, 1866 | 63 | New York. |
| 1843 | Lester Green..... | February 7, 1849.... | 52 | Little Falls, Herkimer. |
| 1830 | Alpheus S. Greene.... | February 25, 1851,. | 64 | Watertown, Jefferson. |
| 1860 | John H. Griscom..... | April 28, 1874..... | 65 | New York. |
| 1823 | Luther Guiteau..... | February 12, 1850.. | 72 | Trenton, Oneida. |
| 1859 | Stephen Hagadorn.... | August 1, 1863..... | 52 | Cohocton, Steuben. |
| 1861 | C. W. Haight..... | March 5, 1873..... | 53 | Pleasantville, Westchester. |
| 1830 | Moses Hale..... | January 3, 1837..... | 57 | Troy, Rensselaer. |
| 1858 | Edward Hall..... | April 28, 1871..... | 50 | Auburn, Cayuga. |
| 1849 | Patrick H. Hard..... | —— ——, 1850..... | 59 | Oswego, Oswego. |
| 1857 | Francis L. Harris..... | February 22, 1876.. | 68 | Buffalo, Erie. |
| 1853 | Erastus L. Hart..... | October 22, 1871.... | 84 | Elmira, Chemung. |
| 1857 | Samuel Hart..... | September 3, 1878.. | 82 | Brooklyn, Kings. |
| 1859 | Moses C. Hasbrouck.. | October 28, 1870.... | 62 | Nyack, Rockland. |
| 1856 | Abram Haun..... | March 14, 1878..... | 72 | Little Falls, Herkimer. |
| 1848 | J. Edwin Hawley..... | August 1, 1859..... | 57 | Ithaca, Tompkins. |
| 1847 | Truman B. Hicks..... | September 16, 1847. | 69 | Cauldwell, L. Geo., Warren. |
| 1872 | M. R. Holbrook..... | June 6, 1881..... | 62 | Poughkeepsie, Dutchess. |
| 1834 | William Horton, Jr... | —— ——, ..... ..... | ... | Goshen, Orange. |
| 1816 | David Hosack..... | December 22, 1835. | 57 | New York. |
| 1871 | George H. Hubbard.. | January 19, 1876.... | 53 | Lansingburgh, Rensselaer. |
| 1820 | Amos G. Hull..... | —— ——, ..... | ... | ——— Oneida. |
| 1824 | Laurens Hull..... | June 27, 1865..... | 86 | Angelica, Allegany. |
| 1873 | Edward G. Hun..... | March 14, 1880..... | 38 | Albany, Albany. |
| 1839 | Phineas Hurd..... | September 1, 1867. | 81 | Scipio, Cayuga. |
| 1850 | Daniel T. Jones..... | March 29, 1861..... | 60 | Baldwinsville, Onondaga. |
| 1870 | William Lamont..... | August 16, 1877..... | 67 | Charlottesville, Schoharie. |
| 1868 | John V. Lansing..... | May 9, 1880..... | 56 | Albany, Albany. |
| 1854 | Charles A. Lee..... | February 14, 1872.. | 71 | Peekskill, Westchester. |
| 1861 | James Lee..... | April 13, 1856..... | 47 | Mechanicsville, Saratoga. |
| 1831 | Edward G. Ludlow... | July 7, 1877..... | 84 | Yonkers, Westchester. |
| 1822 | James R. Manly..... | November 21, 1851. | 69 | New York. |
| 1847 | Alden March..... | June 17, 1869..... | 73 | Albany, Albany. |
| 1860 | M. M. Marsh..... | June 9, 1868..... | 56 | Ripley, Ohio. |
| 1844 | Henry Maxwell..... | July 21, 1856..... | ... | ——— Niagara. |
| 1838 | John McCall..... | October 6, 1867..... | 80 | Utica, Oneida. |
| 1840 | John McClellan..... | October 18, 1855.... | 83 | Hudson, Columbia. |
| 1835 | Samuel McClellan..... | April 8, 1855..... | 68 | Schodack, Rensselaer. |
| 1831 | James McNaughton... | June 11, 1874..... | 78 | Albany, Albany. |
| 1856 | Peter McNaughton.... | December 19, 1875. | 75 | Albany, Albany. |
| 1871 | Hiram McNutt..... .. | May 3, 1876..... | 55 | Warrensburgh, Warren. |
| 1850 | Nathaniel Miller..... | May 7, 1863..... | 79 | Bellport, Suffolk. |
| 1865 | James M. Minor..... | March 23, 1879..... | 64 | New York. |
| 1825 | Henry Mitchell..... | January 12, 1856.... | 72 | Norwich, Chenango. |
| 1817 | Samuel L. Mitchell... | September 7, 1831. | 67 | New York. |

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| Year of Election. | Name. | Date of Death. | Age. | Residence. |
|---|---|---|---|---|
| 1874 | E. C. Moe..... | April 17, 1876.. ..... | ... | Ithaca, Tompkins. |
| 1860 | Benjamin J. Mooers.. | May 20, 1869..... | 82 | Plattsburgh, Clinton. |
| 1867 | Levi Moore..... | June 30, 1880..... | ... | Albany, Albany. |
| 1833 | John George Morgan. | October 4, 1878.... | 80 | St. Louis, Missouri. |
| 1864 | Peter Moulton..... | December 7, 1873... | 79 | New Rochelle, Westch'ster. |
| 1872 | Charles C. Murphy.... | August 8, 1874..... | 50 | East Bloomfield, Ontario. |
| 1861 | Joseph N. Northrop.. | September 17, 1878. | 61 | Albany, Albany. |
| 1848 | William S. Norton.... | February 20, 1873.. | 67 | Ft. Edward, Washington. |
| 1850 | Helon F. Noyes..... | January 13, 1872.... | 70 | Stillwater, Minn. |
| 1857 | Andrew F. Oliver..... | June 11, 1857..... | 65 | Penn Yan, Yates. |
| 1820 | Felix Pascalis..... | July 27, 1833..... | 71 | New York. |
| 1839 | Eli Pearce..... | March, 1874..... | ... | Coesse, Indiana. |
| 1862 | E. R. Peaslee..... | January 21, 1878.... | 64 | New York. |
| 1828 | Richard Pennel..... | April 11, 1861..... | 62 | New York. |
| 1855 | James L. Phelps..... | October 17, 1869... | 84 | New York. |
| 1859 | Uriah Potter..... | December 16, 1869. | 60 | Fort Plain, Montgomery. |
| 1849 | John M. Pruyn..... | February, 1866 ..... | 60 | Kinderhook, Columbia. |
| 1862 | A. G. Purdy..... | April 5, 1874..... | 66 | Oneida, Madison. |
| 1856 | Jotham Purdy..... | August 11, 1858..... | 59 | Elmira, Chemung. |
| 1859 | John Putnam..... | January 22, 1879... | 78 | Madison, Madison. |
| 1861 | J. V. P. Quackenbush | June 8, 1876..... | 57 | Albany, Albany. |
| 1863 | Josiah Rathbun..... | March 10, 1879..... | 84 | Utica, Oneida. |
| 1854 | Henry Reynolds.. ... | December 30, 1857. | 68 | Wilton, Saratoga. |
| 1864 | J. H. Reynolds..... | April 3, 1870..... | 42 | Wilton, Saratoga. |
| 1844 | John R. Rhinelander | May 8, 1857..... | 65 | New York. |
| 1874 | William H. Rice..... | January 21, 1881... | 60 | Phoenix, Oswego. |
| 1877 | Charles A. Robertson | April 1, 1880..... | 51 | Albany, Albany. |
| 1854 | Wm. Rockwell..... | December 30, 1868. | 68 | New York. |
| 1813 | Nicholas Romayne... | July 20, 1817..... | 61 | New York. |
| 1864 | John Root..... | November 25, 1876. | 52 | Batavia, Genesee. |
| 1852 | Royal Ross. ..... | May 9, 1856..... .... | 58 | New Berlin, Chenango. |
| 1867 | Henry B. Salmon.... | January 12, 1879.... | 65 | Stuyvesant Falls, Colum'a. |
| 1854 | Azariah B. Shipman. | September 15, 1868 | 65 | Syracuse, Onondaga. |
| 1859 | Seth Shove..... ..... | February 24, 1878. | 73 | Katonah, Westchester. |
| 1852 | Samuel Shumway.... | August 8, 1874..... | 81 | Whitehall, Washington. |
| 1837 | Calvin W. Smith.... | August 21, 1839.... | 61 | Little Falls, Herkimer. |
| 1854 | John R. Smith..... | September 28, 1864 | 62 | Alexander, Genesee. |
| 1873 | T. Blanch Smith..... | April 14, 1875..... | 40 | Nyack, Rockland. |
| 1846 | Simeon Snow..... | September 20, 1865 | 62 | Root, Montgomery. |
| 1819 | Lyman Spalding..... | October 31, 1821.... | 46 | New York. |
| 1835 | Thomas Spencer..... | May 30, 1857..... | 65 | Geneva, Ontario. |
| 1847 | Alden S. Sprague.... | January 8, 1863..... | 62 | Buffalo, Erie. |
| 1850 | Barent P. Staats..... | July 9, 1871..... | 74 | Albany, Albany. |
| 1865 | Peter P. Staats..... | October 20, 1874.... | 71 | Albany, Albany. |
| 1852 | Jehiel Stearns..... | October 8, 1878.... | 89 | Pompey, Onondaga. |
| 1814 | John Stearns .... .... | March 17, 1848..... | 78 | New York. |
| 1824 | John H. Steel ..... | —— ——1838, ..... | 58 | ———, Saratoga. |
| 1855 | Ebenezer Steel..... | December, 1856.... | 62 | Delhi, Delaware. |
| 1848 | Alex. H. Stevens..... | March 30. 1869..... | 79 | New York. |

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| Year of Election. | Name. | Date of Death. | Age. | Residence. |
|---|---|---|---|---|
| 1855 | Philander Stewart.... | February 11, 1874.. | 54 | Peekskill, Westchester. |
| 1858 | James M. Sturtevant. | August 10, 1873.... | 73 | Rome, Oneida. |
| 1865 | Gifford Sweet..... | April 22, 1879 ..... | 66 | Fairfield, Herkimer. |
| 1834 | William Taylor..... | September 16, 1865 | 74 | Manlius, Onondaga. |
| 1842 | Lake I. Tefft..... | May 10th, 1880..... | 83 | Syracuse, Onondaga. |
| 1851 | Dan'l Golden Thomas | March 27th, 1880... | 73 | Utica, Oneida. |
| 1845 | Alexander Thompson | September 21, 1869 | 60 | Aurora, Cayuga. |
| 1854 | James Thorn..... | November 27, 1876. | 74 | Troy, Rensselaer. |
| 1858 | William Tibbitts..... | —— ——, 1874..... | ... | Mechanicsville, Saratoga. |
| 1851 | John E. Todd..... | April 22, 1868..... | 62 | Baldwinsville, Onondaga. |
| 1855 | Freeman Tourtelot... | December 14, 1868. | 62 | Middlegrove, Saratoga. |
| 1815 | Charles D. Townsend | December 19, 1847. | 69 | Albany, Albany. |
| 1856 | Howard Townsend.. | January 15, 1867.... | 43 | Albany, Albany. |
| 1860 | Wm. P. Townsend... | December 25, 1876. | 58 | Goshen, Orange. |
| 1859 | John F. Trowbridge. | February 19, 1872.. | 80 | Syracuse, Onondaga. |
| 1854 | L. S. Turner..... | —— ——, 1860..... | 49 | Fallsburgh, Sullivan. |
| 1859 | Frank Tuthill..... | August 27, 1865..... | ... | San Francisco, Cal. |
| 1867 | Alfred Underhill..... | December 7, 1873.. | 65 | New York. |
| 1862 | Chas. E. Van Anden.. | October 19, 1873.... | 54 | Auburn, Cayuga. |
| 1848 | Peter Van Buren..... | December 5, 1873... | 71 | New York. |
| 1853 | A. Van Dyck..... | August 31, 1871.... | 71 | Oswego, Oswego. |
| 1846 | H. Van Hoevenburgh | July 27, 1868..... | 77 | Kingston, Ulster. |
| 1869 | John R. Van Kleeck.. | January 2, 1876..... | 67 | New York. |
| 1841 | Peter Van O'Linda.... | August 6, 1872..... | 74 | Albany, Albany. |
| 1848 | Richard A. Varick.... | August 10, 1871..... | 64 | Poughkeepsie, Dutchess. |
| 1861 | A. E. Varney..... | February 24, 1870. | 63 | Middleville, Herkimer. |
| 1874 | Alexander M. Vedder | December 29, 1878. | 68 | Schenectady, Schenectady. |
| 1874 | Edward S. Walker.... | July 17, 1876..... | 54 | Ilion, Herkimer. |
| 1862 | John D. Watkins..... | June 5, 1878..... | 72 | Liberty, Sullivan. |
| 1826 | John Watts, Jr..... ... | February 4, 1831.... | 45 | New York. |
| 1821 | Peter Wendell..... | October 31, 1849.... | 63 | Albany, Albany. |
| 1851 | Silas West..... | August 27, 1859..... | 67 | Binghamton, Broome. |
| 1868 | John F. Whitbeck.... | December 8, 1880.. | 68 | Rochester, Monroe. |
| 1861 | Austin White..... | September 1, 1876.. | ... | Mexico, Oswego. |
| 1851 | Bartow White..... | December 11, 1862. | 87 | Fishkill, Dutchess. |
| 1818 | Joseph White..... | June 2, 1832..... | 70 | Cherry Valley, Otsego. |
| 1865 | Oliver White..... | November 7, 1879.. | 69 | New York. |
| 1833 | Samuel White..... | February 10, 1845.. | 68 | Hudson, Columbia. |
| 1860 | C. H. Wilcox..... | November 7, 1862.. | 49 | Buffalo, Erie. |
| 1861 | James W. Wilkie..... | March 13, 1876..... | 51 | Auburn, Cayuga. |
| 1845 | Augustus Willard..... | March 12, 1868..... | 69 | Greene, Chenango. |
| 1858 | Sylvester D. Willard. | April 2, 1865..... | 39 | Albany, Albany. |
| 1828 | Platt Williams..... | December 8, 1870.. | ... | Albany, Albany. |
| 1816 | Westel Willoughby... | October 3, 1844..... | 75 | Newport, Herkimer. |
| 1814 | William Wilson..... | —— ——, 1829..... | ... | Clermont, Columbia. |
| 1856 | D. C. Winfield..... | May 23, 1878..... | 61 | Middletown, Orange. |
| 1832 | Joel A. Wing..... | September 6, 1852. | 64 | Albany, Albany. |
| 1845 | Charles Winnie..... | May 9, 1877..... | 65 | Buffalo, Erie. |
| 1847 | Nelson Winton..... | August 27, 1864..... | 64 | Havana, Schuyler. |
| 1825 | Alfred Wotkyns..... | December 23, 1876. | 78 | Troy, Rensselaer. |



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## II. DECEASED HONORARY MEMBERS.

| Year of Election. | Name. | Date of Death. | Age. | Residence. |
|---|---|---|---|---|
| 1874 | Washington L. Atlee. | September 7, 1878. | 70 | Philadelphia, Pa. |
| 1854 | John P. Batchelder... | April 7, 1868..... | 82 | New York. |
| 1845 | Lewis C. Beck..... | April 20, 1853..... | 55 | New Jersey. |
| 1865 | Josiah G. Beckwith. | March 21, 1871..... | 68 | Litchfield, Conn. |
| 1837 | Luther V. Bell ..... | February 11, 1862.. | 55 | Massachusetts. |
| 1868 | N. D. Benedict..... | April, 1871.....,.. | ... | St. Augustine, Fla. |
| 1839 | Jacob Bigelow..... | January 10, 1879... | 91 | Boston, Mass. |
| 1874 | C. William Boeck..... | December, 1875.... | 67 | Christiana, Norway. |
| 1844 | Amariah Brigham..... | September 9, 1849. | 51 | New York. |
| 1863 | Samuel W. Butler..... | January 6, 1874..... | 50 | Philadelphia, Pa. |
| 1870 | Joseph Carson..... | December 30, 1876. | 68 | Philadelphia, Pa. |
| 1860 | Benj. Hopkins Catlin. | ..... | ... | Meriden, Conn. |
| 1823 | Nathaniel Chapman... | July 1, 1853..... | 73 | Philadelphia, Pa. |
| 1847 | Henry H. Childs..... | March 22, 1868..... | 84 | Pitsfield, Mass. |
| 1878 | Clarkson T. Collins... | April 10, 1881..... | 60 | Great Barrington, Mass. |
| 1864 | James Couper..... | August, 1865..... | ... | Newcastle, Del. |
| 1861 | Dixi Crosby..... | September 26, 1873. | 74 | Hanover, N. H. |
| 1834 | Jas. Conquest Cross.. | ..... | ... | Kentucky. |
| 1859 | John De La Mater.... | March 28, 1876..... | ... | Cleveland, Ohio. |
| 1858 | Sam'l Henry Dickson. | March 31, 1872 ..... | 74 | Charlestown, S. C. |
| 1879 | Greensville Dowell.... | June 9, 1881..... | 55 | Galveston, Texas. |
| 1824 | Daniel Drake ..... | November 6, 1852... | 67 | Cincinnati, Ohio. |
| 1841 | Benj. W. Dudley..... | January 20, 1870.... | 80 | Lexington, Ky. |
| 1836 | Robley Dunglison..... | April 1, 1869..... | 71 | Philadelphia, Pa. |
| 1835 | John Eberle..... ..... | February 2, 1838.... | 50 | Ohio. |
| 1853 | John W. Francis..... | February 8, 1861.... | 72 | New York. |
| 1825 | Jos. Adams Gallup.... | October, 1849..... | 80 | Burlington, Vt. |
| 1862 | T. G. Geoghegan..... | December, 1869..... | ... | Dublin, Ireland. |
| 1830 | John W. Gloninger... | March 10, 1874..... | 75 | Lebanon, Pa. |
| 1817 | James Hadley..... | October 17, 1869.... | 84 | Buffalo, N. Y. |
| 1843 | Enoch Hale..... | —— ——, 1848..... | ... | Boston, Mass. |
| 1855 | Marshall Hall..... | August 11, 1857.... | 67 | London, England. |
| 1828 | William Hammersley. | —— ——, 1833..... | ... | New York. |
| 1847 | Seth Hastings..... ... | ..... | ... | Oneida County, N. Y. |
| 1842 | Isaac Hays..... | April 12, 1879..... | 83 | Philadelphia, Pa. |
| 1824 | John D. Henry..... . | November 13, 1842. | 60 | Rochester, N. Y. |
| 1832 | Thomas W. Henry.... | ..... | ... | Brooklyn, N. Y. |
| 1841 | Hugh L. Hodge..... | February 26, 1873.. | 77 | Pennsylvania. |
| 1856 | Charles Hooker..... | March 19, 1863..... | 64 | New Haven, Conn. |
| 1811 | David Hosack..... | December 22, 1835. | 66 | New York. |
| 1830 | Eli Ives..... | October 8, 1861.... | 83 | New Haven, Conn. |
| 1835 | Samuel Jackson..... | April 5, 1872..... | 85 | Philadelphia, Pa. |
| 1832 | Thomas C. James.... | July 25, 1835..... | 69 | Philadelphia, Pa. |
| 1865 | Wilson Jewell..... | November 4, 1867.. | 67 | Philadelphia, Pa. |
| 1839 | Jonathan Knight..... | August 25, 1864..... | 75 | New Haven, Conn. |
| 1828 | John Lizars..... | ..... | ... | Edinburgh, Scotland. |
| 1827 | Joseph Lovell, U.S.A. | October 17, 1836.... | ... | Washington, D. C. |
| 1834 | Alfred T. Magill..... | ..... | ... | Winchester, Va. |

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| Year of Election. | Name. | Date of Death. | Age. | Residence. |
|---|---|---|---|---|
| 1848 | Frederick May..... | January 23, 18—... | 74 | Washington, D. C. |
| 1831 | George McClellan.... | May 8, 1847..... | 51 | Philadelphia, Pa. |
| 1837 | Charles D. Meigs..... | June 22, 1869..... | 77 | Pennsylvania. |
| 1860 | George Mendenhall.. | June 4, 1874..... | ... | Cincinnati, O. |
| 1808 | John Miller..... | March 30, 1862..... | 87 | Truxton, N. Y. |
| 1811 | Samuel L. Mitchell... | September 7, 1831.. | 67 | New York. |
| 1851 | Stephen Mosher..... | ..... ..... | ... | Cincinnati, O. |
| 1820 | Valentine Mott..... ... | April 26, 1865..... | 79 | New York. |
| 1817 | John Murray, Esq.... | ..... | ... | Edinburgh, Scotland. |
| 1833 | Reuben D. Mussey... | June 31, 1866..... | 86 | Ohio. |
| 1872 | M. Nelaton ..... | September 21. 1873 | 66 | Paris, France. |
| 1823 | Josiah Noyes..... | ———, 1853..... | 77 | Hamilton College, Clinton. [N. Y. |
| 1838 | Daniel Oliver..... | ———, 1842..... | 56 | New Hampshire. |
| 1827 | John Onderdonk..... | ———. 1832..... | ... | New York. |
| 1839 | Joseph Parrish..... | March 18, 18—..... | 60 | Philadelphia, Pa. |
| 1858 | Marshall S. Perry... .. | ———, 1859..... | ... | Boston, Mass. |
| 1844 | John S. Peters..... | ———, 1858..... | ... | Connecticut. |
| 1825 | Philip S. Physick..... | December 15, 1837. | 70 | Philadelphia, Pa. |
| 1861 | Zina Pitcher..... | April 5, 1872..... ... | 75 | Detroit, Mich. |
| 1808 | John Pomeroy..... ... | ———, 1844..... | 75 | Burlington, Vt. |
| 1865 | Charles A. Pope. ..... | July 5, 1870..... | ... | St. Louis, Mo. |
| 1819 | Wright Post..... ..... | June 14, 1828..... | 61 | New York. |
| 1810 | Alexander Proudfit.... | ———, 1844..... | 75 | Salem, N. Y. |
| 1868 | Isaac Ray..... | March 31, 1881..... | 74 | Philadelphia, Pa. |
| 1845 | Landon C. Rives ..... | June 3, 1870..... ... | 79 | Cincinnati, O. |
| 1812 | Nicholas Romayne.... | July 20, 1817..... | 61 | New York. |
| 1808 | Benjamin Rush. ..... | April 13, 1813..... | 68 | Philadelphia, Pa. |
| 1836 | Thomas Sewall..... | September 10, 1845. | 59 | Washington, D. C. |
| 1819 | George C. Shattuck... | March 18, 1854 ..... | 70 | Boston, Mass. |
| 1869 | Sir James Y. Simpson. | May 8, 1870..... | 59 | Scotland. |
| 1829 | J. Augustine Smith... | February 9, 1865.... | 83 | Virginia. |
| 1842 | Jerome V. C. Smith.. | ———, 1879..... | ... | New York. |
| 1863 | Lyndon A. Smith..... | December 15, 1865. | 70 | Newark, N. J. |
| 1808 | Nathan Smith..... | January 26, 1829.... | 67 | New Haven, Conn. |
| 1819 | Lyman Spalding..... | October 31, 1821.... | 46 | New York. |
| 1812 | John Stearns..... | March 17, 1848..... | 78 | New York. |
| 1846 | Alexander H. Stevens | March 30, 1869..... | 79 | New York. |
| 1846 | Mat. Stevenson..... | ..... | ... | Newburgh, N. Y. |
| 1860 | Warren Stone..... | ..... | ... | New Orleans, La. |
| 1848 | Woolbridge Strong.... | March 29, 1861..... | 67 | Boston, Mass. |
| 1831 | Eli Todd..... | November 7, 1833.. | 64 | Connecticut. |
| 1865 | Charles S. Tripler..... | October 20, 1866.... | ... | U. S. Army. |
| 1838 | William Tully..... ... | March, 1859... ..... | 74 | Springfield, Mass. |
| 1810 | John Warren..... | April 4, 1815..... | 62 | Boston, Mass. |
| 1819 | John C. Warren..... | May 4, 1856..... | 78 | Boston, Mass. |
| 1860 | J. Mason Warren..... | August 19, 1867..... | 56 | Boston, Mass. |
| 1870 | Henry S. West..... | April 1, 1876..... | 49 | Sivas, Asia Minor. |
| 1808 | Moses Willard..... | December 6, 1826.. | 66 | Albany, N. Y. |
| 1829 | Samuel White..... | ———, 1845 ..... | 68 | Hudson, N. Y. |
| 1840 | George B. Wood..... | March 30, 1879..... | 82 | Philadelphia, Pa. |

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## III. DECEASED HONORARY DOCTORS OF MEDICINE.

| Year of Election. | Name. | Date of Death. | Age. | Residence. |
|---|---|---|---|---|
| 1856 | Hiram Adams..... | March 9, 1865..... | 62 | Fabius, Onondaga. |
| 1858 | William L. Appley.... | January 6, 1877..... | ... | Cochecton, Sullivan. |
| 1829 | Daniel Ayres..... | May 25, 1853..... | 66 | Amsterdam, Montgomery. |
| 1830 | Enos Barnes ..... | July 9, 1862. .... ... | 78 | Watkins, Schuyler. |
| 1861 | Charles Barrows..... | October 2, 1870..... | ... | Clinton, Oneida. |
| 1844 | Matthias B. Bellows.. | ..... | ... | ———, ———. |
| 1857 | Daniel P. Bissell..... | October 29, 1874.... | 72 | Utica, Oneida. |
| 1849 | Arba Blair..... | June 20, 1863..... | 82 | Rome, Oneida. |
| 1848 | Benjamin E. Bowen.. | March 12, 1878..... | 77 | Mexico, Oswego. |
| 1852 | Abel Brace..... | October 24, 1863.... | 70 | ——— Greene. |
| 1854 | Sardius Brewster..... | ..... | ... | Austinboro, Ohio. |
| 1841 | Richard S. Brian..... | ..... | ... | ——— Rensselaer. |
| 1828 | Thomas Brodhead..... | November 11, 1830. | 65 | Clermont, Columbia. |
| 1847 | Pelatiah B. Brooks... | February 27, 1874.. | 86 | Binghamton, Broome. |
| 1851 | Phineas H. Burdick. | March 28, 1870..... | 69 | Preble, Cortland. |
| 1855 | Edson Carr..... | November, 28, 1861 | 60 | Canandaigua, Ontario. |
| 1859 | Merritt H. Cash..... | April 26, 1861..... | 59 | Ridgebury, Orange. |
| 1851 | Purcell Cooke..... | December 24, 1860. | ... | ——— Kings. |
| 1832 | Fayette Cooper..... | ..... | ... | New York. |
| 1846 | Ithamar B. Crawe.... | June 2, 1847..... | 54 | Watertown, Jefferson. |
| 1832 | Thos. O. H. Crosswell | January, 1844..... | 76 | ——— Greene. |
| 1842 | Wm. C. Dewitt..... | December 26, 1871. | 75 | ——— Ulster. |
| 1834 | Harvey W. Doolittle. | December 8, 1853.. | 64 | Herkimer, Herkimer. |
| 1831 | Thomas Dunlop..... | ———, 1860..... | 82 | Shenectady, Schenectady. |
| 1827 | Jonathan Eights..... | August 10, 1848..... | 75 | Albany, Albany. |
| 1831 | John Ely..... | August 23, 1849..... | 75 | Coxsackie, Greene. |
| 1842 | Levi Farr..... | July 18, 1859..... | 72 | Greene, Chenango. |
| 1834 | Asa Fitch..... | August 24, 1843..... | 77 | Salem, Washington. |
| 1827 | Thomas Fuller..... | ..... | ... | ——— Otsego. |
| 1858 | Nelson A. Garrison... | January 26, 1872.... | 73 | ——— Kings. |
| 1828 | Eleazer Gedney..... | ———, 1832..... | ... | ——— Orange. |
| 1842 | Thomas Goodsell..... | January 12, 1864.... | 83 | Utica, Oneida. |
| 1832 | Alpheus S. Greene.... | February 25, 1851.. | 64 | Watertown, Jefferson. |
| 1850 | Patrick H. Hard..... | ———, 1850..... | ... | Oswego, Oswego. |
| 1828 | John D. Henry..... | ..... | ... | ——— Monroe. [Warren. |
| 1846 | Truman B. Hicks..... | September 16, 1847 | 69 | Cauldwell, Lake George, |
| 1854 | John W. Hinckley.... | ———, 1860..... | 56 | Albany, Albany. |
| 1858 | James Hogaboom..... | ..... | ... | ——— Rensselaer. |
| 1827 | Laurens Hull..... | June 27, 1865..... | 86 | Angelica, Allegany. |
| 1829 | Joseph G. T. Hunt... | August, 1830..... | 47 | ——— Kings. |
| 1842 | Lester Jewett..... | December, 1863 .... | 70 | ——— Seneca. |
| 1830 | Consider King ..... | August 19, 1848..... | 74 | Wisconsin. |
| 1833 | Joshua Lee ..... | ..... | ... | ——— Yates. |
| 1831 | John McClellan..... | October 18, 1855.... | 83 | Hudson, Columbia. |
| 1850 | Nathaniel Miller..... | May 7, 1863..... | 79 | ——— Suffolk. |
| 1833 | Benjamin J. Mooers. | May 20, 1869..... | 82 | Plattsburgh, Clinton. |
| 1841 | Henry B. Moore..... | December 23, 1868. | 78 | Cold Water, Michigan. |

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| Year of Election. | Name. | Date of Death. | Age. | Residence. |
|---|---|---|---|---|
| 1860 | Peter Moulton..... | December 7, 1873... | 79 | New Rochelle, Westch'er. |
| 1851 | Heman Norton..... | ———, 1855..... | 75 | ——— Oneida. |
| 1857 | William S. Norton.... | February 20, 1863.. | 66 | Fort Edward, Washington. |
| 1845 | Andrew F. Oliver..... | June 11, 1857..... . | 65 | Penn Yan, Yates. |
| 1827 | John Onderdonk..... | ———, 1832..... | ... | New York. |
| 1855 | James L. Phelps..... | October 17, 1869.... | 84 | New York. |
| 1831 | Samuel Porter..... | June 14, 1843..... | 65 | Skaneateles, Onondaga. |
| 1868 | Lewis Post..... | February 12, 1879.. | 69 | Lodi, Seneca. |
| 1849 | Lewis Riggs..... | November 7, 1870.. | 82 | Homer, Cortland. |
| 1827 | Gain Robinson ..... | ..... | .. | ——— Wayne. |
| 1858 | William Rockwell.... | December 30, 1868. | 68 | New York. |
| 1865 | Richard S. Satterlee. | October 10, 1880.... | 82 | New York. |
| 1829 | Henry H. Sherwood.. | ..... | ... | ——— Jefferson. |
| 1852 | Mason G. Smith..... | April 10, 1857..... | ... | ——— Wyoming. |
| 1830 | Matson Smith..... ... | ..... | ... | ——— Westchester. |
| 1859 | Peter P. Staats. ..... | October 20, 1874.... | 74 | Albany, Albany. |
| 1829 | John H. Steel..... | ———, 1838..... | 58 | ——— Saratoga. |
| 1856 | Samuel J. Swalm..... | August 29, 1872..... | 63 | ——— Kings. |
| 1850 | James Thorn..... | November 27, 1876. | 74 | Troy, Rensselaer. |
| 1850 | John E. Todd..... | April 22, 1868 .... . | 62 | Baldwinsville, Onondaga. |
| 1830 | Charles D. Townsend | December 19, 1847. | 69 | Albany, Albany. |
| 1833 | Josiah Trowbridge... | September 17, 1862 | 77 | ——— Erie. |
| 1844 | Peter Van O'Linda... | August 6, 1872..... | 74 | Albany, Albany. |
| 1864 | Leonard G. Warren.. | ———, 1866..... | 63 | Albany, Albany. |
| 1848 | Joshua Webster..... | May 2, 1849..... | 78 | Fort Plain, Montgomery. |
| 1856 | Silas West..... | August 27, 1859.... | 67 | Binghamton, Broome. |
| 1845 | Bartow White..... | December 11, 1862. | 87 | Fishkill, Dutchess. |

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# County Medical Societies.

## ALBANY COUNTY.

### Medical Society of the County of Albany.

(Organized in 1806.)

Meetings — Annual, second Tuesday in October; semi-annual, second Tuesday in May. Stated meetings are held in the evening, at least once each month, from October to May.

*Officers.* (*October* 13, 1880.)

A. Shiland, President.
William Hailes, Jr., Vice-President.
Lorenzo Hale, Secretary.
G. L. Ullman, Treasurer.

*Censors.*

W. N. Hays, J. Lewi, H. March, A. Vanderveer, S. B. Ward.

*Delegates to State Medical Society.*

J. D. Featherstonhaugh, T. Helme, J. W. Moore, E. Van Slyke.

*Committee on Hygiene, and the Relations of the Profession to the Public.*

J. S. Mosher, Chairman, D. V. O'Leary, H. Bendell,
E. B. Tefft, S. B. Ward.

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## *Members.*

Archambeault, J. L., 56 Congress, Cohoes.
Armsby, G. H., 669 Broadway.*
Bailey, James S., 95 Hamilton street.
Bailey, Theodore P., 43 Central avenue.
Bailey, Wm. H., 1 Washington avenue.
Balch, Lewis, 61 Eagle street.
Ball, O. D., 766 Broadway.
Barker, James F., 675 Broadway.
Bartlett, E. A., 83 Hawk street.
Becker, Hiram, New Salem.
Beckett, Thomas, 276 Washington ave.
Bell, H. W., 350 Broadway, East Albany.
Bendell, Herman, 109 Eagle street.
Bigelow J. M., 81½ Hudson avenue.
Blatner, J. H., 132 Hudson avenue.
Boudrias, L., 105 Mohawk st, Cohoes.
Boulware, J. R., 171 Hamilton street.
Boyd, James P., 212 State street.
Brown, E. E., Bethlehem Centre.
Buffinton, C. E., 229 Broadway, W. Troy.
Case, Daniel C., Slingerlands.
Case, H. S., 80 Madison avenue.
Casler, A. P., 91 Hudson avenue.
Clarke, O. H. E., 139 Mohawk st., Cohoes.
Clark, R. D., 65 Grand street.
Collier, Philip B., 291 Lark street.
Cook, D. H., 272 Clinton avenue.
Craig, Wm. H., 12 Ten Broeck street.
Crounse, Hiram, Clarksville.
Crounse, Jesse, Knowersville.
Curtis, F. C., 17 Washington avenue.
Davidson, J. R., South Bethlehem.
De Graff, A., Guilderland.
Devol, C., 48 Franklin street.
Du Bois, Mary, 192 Hamilton street.
Elmendorf G. E., Coeymans Hollow.
Featherstonhaugh, J. D., 3 Summit st., Cohoes.
Featherstonhaugh, Thos., 47 Eagle street.
Fegan, Daniel, 318 Central avenue.
Fellows, H. I., 49 Herkimer street.
Fennelly, P. E., 79 Broadway, W. Troy.
Fonda, David E., 65 Elm street.
Fowler, Amos, 29 Second street.
Fredenburgh, B. B., Coeymans.
Freeman, S. H., 77 Columbia street.
Geoghan, Wm., 125 Grand street.
Gould, John Woodworth, (Cherry Hill), South Pearl street.
Graveline, L. C. B., 119 Green street.
Hailes, Wm. Jr., 197 Hamilton street.
Hale, Lorenzo, 194 Clinton avenue.
Hall, John E., Green Island.
Haskell, H. M., Second street, Bath-on-the Hudson.
Haskins, H. R., 708 Broadway.
Haynes, J. U., 76 Remsen st., Cohoes.
Hays, Wm. N., 650 Central avenue.
Healey, James C., 46 Rensselaer street.
Helme, Thomas, McKownville.
Hoit, Lehman, 76 Hudson avenue.
Huddleston, Charles F., 47 Second ave. Greenbush.
Huested Alfred B., 77 Eagle street.
Hun, Thomas, 33 Elk street.
Keegan, P. J., 139 North Pearl street.
Kilbourne, Albert W., 792 Broadway.
La Moure, Uriah B., 113 Hamilton street.
Lewi, Joseph, 94 Westerlo street.
Lewi, Maurice J., 94 Westerlo street.
Lewis, Wm. J., 1 Washington avenue.
Lockwood, John F., 403 Clinton avenue.
March, Henry, 228 State street.
McAllister, John J. D., 98 Arch street.
McNaughton, Henry G., 89 Hawk street.
Mereness, H. E., 712 Broadway.
Merrill, C. S., 23 Washington avenue.
Merrington, Frank J., 3 Lancaster street.
Monro, Nelson, Swan cor. George street, Green Island.
Moore, J. W., 92 Mohawk street, Cohoes.
Morgan, William, 30 Perry street.
Morril, L. T., 66 Grand street.
Morrow, Samuel R., 59 Hawk street.
Mosher, C. D., 351 South Pearl street.
Mosher, Frank G., Coeymans.
Mosher, J. S., 3 Lancaster street.
Munson, George S., 138 State street.
Murphy, P. M., 442 Broadway.
Murray, William H., 269 Lark street.
Myers, John J., 920 Broadway.
Nellis, T. W., 81 Hudson avenue.
Nellis, W. J., 81 Hudson avenue.
Newcomb, G. H., 94 Chestnut street.

*When the town is not named, Albany is to be understood.

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O'Leary, D. V., 52 Westerlo street.
Papen, G. W., 89 Schuyler street.
Peck, M. R. C., 135 Washington avenue.
Peltier, G. Upton, White st. cor. Remsen, Cohoes.
Perry, T. Kirk, 180 Second street.
Porter, Charles H., 55 Eagle street.
Purple, W. L., 46 Second street.
Reynolds, W. H. T., 31½ Hawk street.
Ritzmann, Otto, 200 Lark street.
Rossman, J. B., 72 Madison avenue.
Sabin, R. H., 245 Broadway, W. Troy.
Scattergood, C. F., 10 Bleecker place.
Segar, C. E., Adams Station.
Shanks, Seth G., 565 Clinton avenue.
Shiland, A., 251 Broadway, W. Troy.
Shiland, J. C., 251 Broadway, W. Troy.
Smith, Charles H., 246 Washington ave.
Snow, N. L., 170 State street.
Staats, Charles P., 201 Madison avenue.
Starkweather, H. R., 200 Central avenue.
Steenberg, B. U., 1 Chapel street.
Steenburg, H. W., 24 George st., Green Island.
Stevens, George T., 47 Eagle street.
Stonehouse, John Ben., 5 High street.
Swinburne, John, office 57 Eagle street.
Tefft, Edwin B., 289 Clinton avenue.
Ten Eyck, Anthony P., De Freestville, Rensselaer county.
Thompson, John, 5 Canal street.
Townsend, Franklin, Jr., 188 State street.
Trego, T. Markley, 38 Clinton avenue.
Tucker, Willis G., 4 Lancaster street.
Ullman, G. L., 81 Central avenue.
Ullman, S. E., 145 Central avenue.
Vander Poel, S. O., 144 State street.
Vander Poel, S. O., Jr., 294 State street.
Vanderveer, Albert, 28 Eagle street.
Van Slyke, E., 320 South Pearl street.
Van Vranken, A. T., 31 Union street, West Troy.
Wade, E. M., Watervliet Centre.
Wands, A., Cohoes.
Ward, S. B., 135 North Pearl street.
Weidman, Felix, Westerlo.
White, John J., 214 Clinton avenue.
Winne, L. B., 72 Livingston avenue.
Witbeck, C. E., 20 Seneca street, Cohoes.
Woodward, Harriet A., 695 Broadway.
Worden, T. D., 91 Hawk street.

Number of Members, 137.

## ALLEGANY COUNTY.

### ALLEGANY COUNTY MEDICAL SOCIETY.

(Date of organization unknown.)

MEETINGS—Annual, third Wednesday in June; quarterly, third Wednesday in September, December and March.

*Officers.* (*June* 15, 1881.)

H. H. Nye, President.
Otis Allen, Vice-President.
A. E. Willard, Secretary and Treasurer.

*Censors.*

A. E. Willard, C. W. Saunders, O. T. Stacy,
Stephen Maxson, H. H. Nye.

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*Delegate to State Medical Society*

W. W. Crandall.

*Committee on Hygiene.*

Seneca Allen, G. C. McNett, Mark Sheppard.

*Members.*

Allen, Otis, Cuba.
Allen, Seneca, Cuba.
Anderson, C. G., Belmont.
Babcock, B., Friendship.
Baker, Thaddeus, Andover.
Barney, Anthony, Independence.
Bennett, I. E., Granger.
Bixby, J. P., Rushford.
Charles, R. Y., Rushford.
Cottrell, W. S. Whitesville.
Crandall, W. W., Andover.
Cutler, Dorr, Bolivar.
Cutler, J. L., Bolivar.
Demmings, C. C., Friendship.
Gillett, G. M., Cuba.
Green, S. W., Wellsville.
Harding, John, Hume.
Hopper, Charles A., Friendship.
Laughlin, E. J. Andover.
Lyman, H. H., Hume.
McNett, G. C., Belmont.
Maxson, Stephen, Cuba.
Moors, J. A., Richburgh.
Norton, Benjamin, Belmont.
Nye, H. H., Wellsville.
Place, H. A., Ceres.
Read, Randall, Wellsville.
Saunders, Chas. W., Belfast.
Saunders, H. P., Alfred Centre.
Saunders, J. H., Belfast.
Sheppard, Mark, Alfred.
Smith, A. W., Short Track.
Smith, C. F., West Almond.
Smith, F. N. Belmont.
Smith, Wm. M., Angelica.
Stacy, O. T., Rushford.
Stebbins, Roderick, Friendship.
Stephenson, J. A., Scio.
Stillman, E. M., Andover.
Wakeley, B. C., Angelica.
Waterman, L. G., Centerville.
Whitwood, J. R., Friendship.
Willard, A. E., Friendship.
Willard, E. H., Friendship.
Young, J. C., Cuba.

Number of Members, 45.

## BROOME COUNTY.

### BROOME COUNTY MEDICAL SOCIETY.

(Organized July 4th, 1805.)

MEETINGS—Annual, first Tuesday in October; quarterly, first Tuesday in January, April and July.

*Officers.* (*October* 5, 1880.)

A. F. Taylor, President.
Dwight Dudley, Vice-President.
J. H. Chittenden, Secretary.
D. S. Burr, Treasurer.



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### *Censors.*

C. B. Richards, J. G. Orton, L. D. Witherill,
George Burr, C. D. Spencer.

### *Delegate to State Medical Society.*

L. D. Witherill.

### *Committee on Hygiene.*

D. S. Burr.

### *Members.*

Allen, S. P., Whitney's Point.
Andrews, A. W. K., Binghamton.
Appley, J. D., Conklin Station.
Bassett, William, Binghamton.
Beardsley, Harvey F., New Ohio.
Booth, J. W., West Colesville.
Brooks, Walter A., Binghamton.
Burr, George, Binghamton.
Burr, D. S., Binghamton.
Bullock, Martin, Chenango.
Butler, William, Maine.
Carr, H. A., Binghamton.
Chittenden, J. H., Binghamton.
Clark, DeWitt C., Lisle.
Comstock, A., Binghamton.
Crafts, E. G., Binghamton.
Douglass, W. E., Lisle.
Dudley, Wright, Maine.
Dutcher, E. W., Nineveh.
Edson, J. C., Windsor.
Edwards, C. C., Binghamton.
Ely, H. O., Binghamton.
Ford, E. I., Binghamton.
Foster, S. B., Vestal.
Griffin, Lansing, Binghamton.
Guy, E., Harpersville.
Greene, C. W., Chenango Forks.
Hall, H. C., Lisle.
Hall, Owen C., Whitney's Point.
Harrington, S. H., Chenango Forks.
Hinds, ——, Great Bend, Pa.
Hayes, F. M., Binghamton.
Jackson, D. P., Binghamton.
Johnson, J. H., Binghamton.
Kenyon, Benjamin, Triangle.
Knapp, W. H., Union Center.
Lamb, F. D., Great Bend, Pa.
Mulheron, Edward, Binghamton.
Orton, J. G., Binghamton.
Pierson, Geo. E., Kirkwood.
Putnam, F. W., Binghamton.
Richards, C. B., Binghamton.
Spencer, C. D., Binghamton.
Stillson, A. B., Windsor.
Sturdevant, F., Deposit.
Taylor, A. F., Castle Creek.
Wells, Emily H., Binghamton.
Whitney, J. S., Union.
Whitney, W. W., Union.
Witherill, L. D., Union.
Youngs, O. H., Sidney Center, Delaware County, N. Y.

Number of Members, 51.

## CATTARAUGUS COUNTY.

### MEDICAL SOCIETY OF THE COUNTY OF CATTARAUGUS.

MEETINGS—Annual, at Ellicottsville, the first Wednesday of June; quarterly, at such place as each previous meeting may direct.

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*Officers.* (*June* 1, 1881.)

A. D. Lake, President.
E. S. Stewart, Vice-President.
Geo. Lattin, Secretary.
Ira L. Bronson, Treasurer.

*Censors.*

F. C. Beales, Wallace Sibley, H. S. Smith.

*Delegates to State Medical Society.*

———— ———— ————

*Committee on Hygiene.*

A. D. Lake, C. H. Bartlett, ————

*Members.*

Ashley, H. J., Machias.
Babcock, Horace, Gowanda.
Bartlett, C. H., Olean.
Beals, Fred C., Ellicottsville.
Bedient, S. S., Little Valley.
Bissell, M. C., Limestone.
Bronson, Ira L., Hinsdale.
Bullock, Zenas G., Allegany.
Burlingame, E. J., Sandusky.
Cheney, E. M., East Randolph.
Day, C. O., Salamanca.
Dresser, Elijah, East Otto.
Eddy, John L., Olean.
Findlay, F. D., Franklinville.
Follett, M. C., Olean.
Hubbell, A. A., Leon.
King, Thomas J., Machias.
Lake, A. D., Perrysburgh.
Lattin, George, Cattaraugus.
Nichols, James, Limestone.
Pool, S. V., Otto.
Saunders, Nelson, Randolph.
Sibley, Wallace, Portville.
Smith, H. S., Ellicottsville.
Stewart, E. S., Ellicottsville.
Terry, Ransom, Ischua.
Tompkins, O. A., East Randolph.
Torrey, Edward, Hinsdale.
Twomley, Lyman, Little Valley.
Van Aernim, Henry, Franklinville.
Walker, H. D., Franklinville.
Williams, James I., Ellicottsville.

Number of Members, 32.

## CAYUGA COUNTY.

### CAYUGA COUNTY MEDICAL SOCIETY.

(Organized August 7, 1806.)

MEETINGS—Annual, second Wednesday in June; semi-annual, second Wednesday in December. Regular meetings, the second Wednesday in each Month.

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(*Officers. June* 8, 1881.)

W. O. Luce, President.
Frank Hoxie, Vice-President.
F. M. Hamlin, Secretary and Treasurer.

*Censors.*

*Delegates to State Medical Society.*

Frank Kenyon, John Gerin.

*Members.*

Andrews, Lucius B. Venice Centre.
Baker, E. P., Aurora.
Bates, C. C., 161 W. Genesee st., Auburn.
Blood, N. D., Ira.
Briggs, L., 153 W. Genesee st., Auburn.
Brinkerhoff, T. S., 1 Garden st., Auburn.
Button, James D., 15 Grover st., Auburn.
Creveling, J. P., 23 South st., Auburn.
Clark, O. C., Weedsport.
Clark, Philo, King's Ferry.
Cox, William J., Moravia.
Cummings, A. S., Cayuga.
Dimon, Theodore, 15 William st., Auburn.
Dudley, F. A., King's Ferry.
Fosgate, Blanchard, 65 South st., Auburn.
Fordyce, B. A., Union Springs.
Forman, E. S., Meridian.
Groot, Cornelius A., Cato.
George, C. L., 155 W. Genesee st., Auburn.
Gerin, John, 70 North street, Auburn.
Gorton, William A., State Asylum for Insane Criminals, Auburn.
Hamlin, F. M., 1 William street, Auburn.
Hoffman, W. S., Port Byron.
Horton, J. H., Kelloggsville.
Hoxie, B. K., 42 Elizabeth st., Auburn.
Hoxie, Frank, Fleming.
Jenkins, J. M., 14 William st., Auburn.
Jenkins, Nettie E., 14 William st., Auburn.
Kales, J. W., Union Springs.
Kenyon, Frank, Scipio.
Kenyon, Mary, Moravia.
Kyle, W. S., Martville.
Laird, William, 121 Wall st., Auburn.
Little, Mary E., Weedsport.
Luce, W. O., 12 William st., Auburn.
McCarthy, Hiram, Weedsport.
MacDonald, C. F., State Asylum for Insane Criminals, Auburn.
Monroe, David, 39 Franklin st., Auburn.
Putnam, Frank, Locke.
Sanford, Amanda, 28 South st., Auburn.
Shank, A. R., 12 James street, Auburn.
Silvers, G. M., Sherwood.
Stewart, A. D., Port Byron.
Willard, Sylvester, 203 W. Genesee st., Auburn.
White, Alanson, Fosterville.

Number of Members, 45.

## CHAUTAUQUA COUNTY.

### CHAUTAUQUA COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, second Tuesday in July; semi-annual, second Tuesday in January.

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*Officers.* (*July* 12, 1881.)

H. A. Record, President.
H. D. Ingraham, Vice-President.
J. F. Pratt, Secretary and Treasurer.

*Censors.*

S. M. Smith, A. Waterhouse, J. J. Lenhart.

*Delegates to State Medical Society.*

H. B. Osborn. H. R. Rogers.

*Members.*

Ames, Edward, Sherman.
Armstrong, Mary Mrs., Jamestown.
Avery, A. R., Forestville.
Beebe, F. A., Mina.
Bemus, W. M., Jamestown.
Bemus, W. P., Jamestown.
Benjamin, M. N., Fredonia.
Blackham, G. E., Dunkirk.
Boyd, E. E., Ashville.
Brown, J. M., Westfield.
Chace, Wm., Mayville.
Corey, M. S., Hamlet.
Dean, H. J., Brocton.
Deck, T. F., Ripley.
Decker, O. F., Dunkirk.
Ford, S. E. Clymer.
Glidden, H. H., Panama.
Hall, H. P., Jamestown.
Hazletine, G. W., Jamestown.
Heard, A. B., Ripley.
Ingraham, H. D., Kennedy.
Lenhart, J. J., Ellery.
Lewis, John C., Panama.
McWharf, J. M., Dunkirk.
Moore, M. S., Fredonia.
Osborne, H. B., Sherman.
Parsons, A. B., Jamestown.
Pratt, J. F., Mayville.
Record, H. A., Mayville.
Rogers, H. R., Dunkirk.
Ross, Artemas, Clymer.
Shaw, O. C., Kennedy.
Skinner, Aaron, Ashville.
Smith, A. H., Sinclairville.
Smith, S. M., Dunkirk.
Spencer, John, Westfield.
Spencer, W. G., U. S. Army.
Stevens, A. A., Sinclairville.
Stockton, C. G., Buffalo, Erie county.
Strong, T. D., Westfield.
Towle, J. J., Stockton.
Walling, P. A., Clymer.
Waterhouse, A., Jamestown.
Wiggins, J. H., Jamestown.
Wilson, D. J., Findley's Lake.
Wilson, H., Mina.
Wilson, T. C., Dewittville.

Number of Members, 47.

## CHEMUNG COUNTY.

### MEDICAL SOCIETY OF THE COUNTY OF CHEMUNG.

(Organized May 3, 1836.)

MEETINGS—Annual, third Tuesday of June; quarterly, in September, December and March.

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*Officers.* (*June* 21, 1881.)

W. H. Davis, President.
Henry Flood, Vice-President.
John E. Eldred, Secretary.
William Woodward, Treasurer.

*Censors.*

William C. Wey, P. H. Flood, J. K. Stanchfield.
H. S. Chubbuck, T. H. Squire.

*Delegate to State Medical Society.*

William Woodward.

*Members.*

Bailey, L. W., Millport.
Beard, George M., Millport.
Brown, C. W., 312 W. Church st., Elmira.
Brown, C. W. M., 251 Baldwin st., Elmira.
Bush, R. P., Horseheads.
Chase, Z. F., 760 E. Church st., Elmira.
Chubbuck, H. S., 258 Baldwin st., Elmira.
Davis, William H., Horseheads.
Dundas, T. A., Elmira.
Eldred, John E., 206 S. Main st., Elmira.
Flood, J. M., 212 E. Water st., Elmira.
Flood, Henry, 403 Lake st., Elmira.
Flood, P. H., 501 E. Water st., Elmira.
Ford, Edward L., Chemung.
Gere, C. S., Chemung.
Gere, Ebenezer, Chemung.
Hart, Ira F., 306 E. Church st., Elmira.
Hill, J. Stewart, 151 Lake st., Elmira.
Jakeway, O. A., Breesport.
Krackowizer, E. W., 215 W. Church st., Elmira.
Moroney, J., 125 W. Water st., Elmira.
Peebles, Corbett, Big Flats.
Purdy, H. H., 201 Baldwin st., Elmira.
St. Croix, P. L., ————.
Seaman, Horace, Millport.
Smith, J. F., Wellsburg.
Spaulding, C. M., 389 W. Water st., Elmira.
Squire, C. L., 409 E. Church st., Elmira.
Squire, T. H., 409 E. Church st., Elmira.
Stanchfield, J. K., 103 Main st., Elmira.
Taylor, Edwin C., Big Flats.
Watkins, M. S., 522 Penn. ave., Elmira.
Weaver, John E., 141 W. Water st., Elmira.
Wey, Hamilton D., cor. Main and Second sts., Elmira.
Wey, William C., cor. Main and Second sts., Elmira.
Woodward, Chas., 262 Baldwin st., Elmira.
Woodward, George H., Big Flats.
Woodward, William, Big Flats.

Number of Members, 38.

*Non-Resident Members.*

Allen, E. P., Athens, Pa.
Chilson, Reuben R., Bentley Creek, Pa.
Cole, J. H., Gillett, Pa.
Granger, L., Lawrenceville, Pa.
Mills, Edward, Ulster, Pa.
Morrill, I. J., 100 Lake st., Elmira.
Voorhees, Charles, Daggett's Mills, Pa.

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## CHENANGO COUNTY.

### CHENANGO COUNTY MEDICAL SOCIETY.

(Organized in 1806.)

MEETINGS—Annual, second Tuesday in January; semi-annual, second Tuesday in June; tri-annual, second Tuesday in October.

*Officers* (*January* 11, 1881.)

M. D. Spencer, President.
H. C. Lyman, Vice-President.
L. J. Brooks, Secretary.
G. W. Avery, Treasurer.

*Censors.*

S. M. Hand, J. D. Guy, H. H. Beecher, W. H. Stuart.

*Delegate to State Medical Society.*

M. D. Spencer.

*Members.*

Avery, G. W., Norwich.
Bartoo, Jesse E., Greene.
Beardsley, W. H., Coventry.
Beecher, H. H., Norwich.
Birdsall, H. R., Greene.
Blair, Louis P., McDonough.
Brooks, L. J., Norwich.
Burgess, Vincent, Brisbin.
Church, Alvin, Columbus.
Clark, R. M., Guilford.
Cook, J. B., Afton.
Copley, H. D., Bainbridge.
Crumb, DeWitt, South Otselic.
Douglas, George, Oxford.
Dwight, Thomas, Preston.
Dye, H. S., New Berlin.
Ensign, E. S., McDonough.
Evans, R. D. L., Bainbridge.
Galt, Eleanor, Norwich.
Gardiner, H. S., Hamilton.
Gibson, S. C., South New Berlin.
Gleason, D. A., Oxford.
Guy, J. D., Coventry.
Halbert, Horace, Pitcher.
Hand, S. M., Norwich.
Hayes, P. A., Afton.
Hayward, E. D., Columbus.
Hazard, A. C., New Berlin.
Jameson, J. T., South Otselic.
Johnson, L. M., Greene.
Kinnier, W. H., South New Berlin.
Lee, D. M., Oxford.
Lewis, J. V., North Norwich.
Loomis, D., New Berlin.
Lowe, A. S., Smithville.
Lyman, E. S., Sherburne.
Lyman, H. C., Sherburne.
McFarland, S. F., Oxford.
Meacham, J. D., Bainbridge.
Mosher, D. J., Norwich.
Noyes, J. B., New Berlin.
Odell, E., Unadilla, Otsego Co.

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Ormsby, B. J., Plymouth.
Purdy, C. M., Norwich.
Purdy, L. J., Smithville Flats.
Purple, W. D., Greene.
Randall, Emma L., Norwich.
Sands, W. G., Oxford.
Smith, B. F., Mt. Upton.
Spencer, M. D., Guilford.
Stuart, W. H., Norwich.
Thorp, J. W. Oxford.
Thorp, L. E., Butternuts.
Van Keuren, F., Sherburne.
White, Devillo, Sherburne.
White, Homer C., Earlville.
Williams, G. O., Greene.
Wood, M. M., Greene.

Number of Members, 58.

## CLINTON COUNTY.

### CLINTON COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, second Tuesday in January; semi-annual, second Tuesday in July.

*Officers.* (*January* 11, 1881.)

D. S. Kellogg, President.
C. H. Bidwell, Vice-President.
E. M. Lyon, Secretary and Treasurer.

*Censors.*

J. H. LaRocque, D. S. Kellogg, C. B. Vaughn,
L. C. Dodge, G. D. Dunham.

*Delegate to Medical Society.*

L. C. Dodge.

*Members.*

Arthur, Chas. W., Rogersfield.
Bidwell, Chas. H., Mooers.
Chandler, Joel, Mooers.
Coit, W. N., Champlain.
Daggett, W. S., Champlain.
Dodge, L. C., Rouse's Point.
Dunham, G. D., Plattsburgh.
Fairbank, A. W., Chazy.
Fulton, J. M., Beekmantown.
Haynes, Charles S., Saranac.
Haynes, S., Saranac.
Haynes, T. S., LaColle, Prov. Quebec.
Holcomb, O. A., Peru.
Honsinger, W. S., West Chazy.
Honsinger, W. T., West Chazy.
Howe, E. S., Black Brook.
Hyde, Romeo E., Beekmantown.
Kellogg, D. S., Plattsburgh.
La Rocque, J. H., Plattsburgh.
Ladd, J., Peru.
Letourneau, G. E., Rouse's Point.
Lyon, E. M., Plattsburgh.
Nichols, T. B., Plattsburgh.
Parsons, N. S., Schuyler's Falls.
Pickett, F. A., Bedford.
Riley, A. W., Clintonville.
Riley, O. H., Mooers Forks.
Rust, Hiram H., Ellenburgh.
Smith, J. H., Dannemora.
Terry, Orville, Bedford.
Vaughn, C. B., Morrisonville.
Woodward, D. B., Ellenburgh.
Woodwarth, J. D., Bedford.

Number of Members, 33.

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## COLUMBIA COUNTY.

### COLUMBIA COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, first Tuesday in October; semi-annual, first Tuesday in June, at City Hall, Hudson, N. Y.

*Officers.* (*October*, 5, 1880.)

J. T. Wheeler, President.
C. E. Fritts, Vice-President.
Elton J. Palmer, Secretary and Treasurer.

*Censors.*

M. L. Bates, C. E. Fritts, G. E. Benson,
G. P. Salmon, H. Lyle Smith.

*Delegates to State Medical Society.*

G. E. Benson, M. L. Bates.

*Members.*

Allen, J. H., Churchtown.
Bailey, Wm. C., Chatham Village.
Bates, Xyris T., New Lebanon.
Bates, Milford L., Canaan Four Corners.
Benham, John C., Hudson.
Benson, George E., Hudson.
Coffin, Silas N., East Chatham.
Dickinson, G. F., East Chatham.
Fritts, Crawford E., Hudson.
Gordon, D. H., Copake.
Hasbrouck, Cornelius J., Valatie.
Lamb, I. T. C., Poughkeepsie, Dutchess Co.
Lockwood, J. W., Philmont.
Mercer, William D., Harlemville.
Mesick, N. H., Glencoe Mills.
Palmer, Elton J., Mellenville.
Pomeroy, George P. K., Stuyvesant.
Pruyn, P. V. S., Kinderhook.
Rossman, George W., Ancram.
Salmon, George P., Hudson.
Schermerhorn, Isaac M., Stottville.
Shufelt, P. W., East Taghkanic.
Simpson, E., Hudson.
Smith, George F., Stottville.
Smith, H. Lyle, Hudson.
Smith, William O., Germantown.
Stickles, William H. Jr., Philmont.
Tygert, Martin, Stuyvesant Falls.
Van Deusen, A. R., Claverack.
Vedder, R. H., Chatham Centre.
Wheeler, J. T., Chatham Village.
Whitbeck, Volkert, Hudson.
Wilson, Thomas, Claverack.

Number of Members, 33.

*Honorary Members.*

Barton, Thomas, Tivoli.
Colé, John H., Claverack.
Holsapple, Wm. H., Hudson.
Mesick, Richard H., Mellenville.



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## CORTLAND COUNTY.

### CORTLAND COUNTY MEDICAL SOCIETY.

(Organized August 10, 1808.)

MEETINGS—Annual, the second Wednesday in June; semi-annual, the second Wednesday in December.

*Officers.* (*June* 8, 1881.)

A. Quivey, President.
H. D. Hunt, Vice-President.
Caleb Green, Secretary and Treasurer.
Frederick Hyde, Librarian.

*Censors.*

D. C. Clark, H. C. Hendrick, M. G. Hyde.
J. W. Hughes, S. C. Webb.

*Delegate to State Medical Society.*

Miles G. Hyde.

*Committee on Hygiene.*

C. Green. H. C. Hendrick.

*Members.*

Angel, Jerome, Union Valley.
Barnes, E. H., Marathon.
Barnes, N. B., Cincinnatus.
Bradford, Geo. D., Homer.
Bradford, G. W., Syracuse, Onondaga Co.
Briggs, Isaac S., Dryden, Tompkins Co.
Burdick, Daniel W., Homer.
Clark, Dewitt C., Marathon.
Dana, Henry T., Cortlandville.
Fitch, Wm., Dryden, Tompkins Co.
Goodyear, Franklin, Cortlandville.
Green, Caleb, Homer.
Halbert, M. L., Cincinnatus.
Head, A. L., Homer.
Hendrick, H. C., McGrawville.
Hughes, J. W., Cortlandville.
Hunt, Herman D., Preble.
Hyde, Frederick, Cortlandville.
Hyde, Miles G., Cortlandville.
Jewett, Homer O., Cortlandville.
Knapp, John H., Harford.
Maxson, George W., Scott.
McBirney, Edward W., Willet.
Nelson, Judson C., Truxton.
Quivey, Amasa, Cincinnatus.
Read, A. D., Marathon.
Smith, Marcellus R., Cincinnatus.
Tripp, J. D., Virgil.
Webb, Sumner C., Homer.
Wheelock, Francis G., Onondaga, Onondaga Co.

Number of Members, 30.

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## DELAWARE COUNTY.

### DELAWARE COUNTY MEDICAL SOCIETY.

(Organized July 1, 1806.)

MEETINGS—Annual, second Tuesday in June; semi-annual, second Tuesday in January.

*Officers*, (*June* 14, 1881.)

E. W. Gallup, President.
Wm. Heimer, Vice-President.
F. H. McNaught, Secretary.
J. Calhoun, Treasurer.

*Censors.*

D. H. Mann, H. E. Ogden. T. Wight, I. Wilcox. S. S. Cartwright.

*Delegates to State Medical Society.*

D. H. Mann. I. Wilcox.

*Members.*

Allabeen, O. M., Middletown, Orange Co.
Bassett, G. P., Colchester.
Bourne, I. C., Masonville.
Buckley, H. N., Delhi.
Buckley, J. J., Delhi.
Calhoun, J., Delhi.
Cartwright, S. S., Roxbury.
Churchill S. E., Stamford.
Close, E. W., Hamden.
Crawford, Wm., Andes.
Decker S., Griffin's Corners.
Dickson, C. J., Bovina.
Donnelly, J. M., Davenport.
Edwards, T. M., Franklin.
Formen S., Kortright.
Gallup, E. W., Stamford.
Gates H. A., Delhi.
Gibbs, E. T., Kortright.
Gladstone, J. A, Andes.
Heimer, W. D., Hamden.
Jacobs, F., Delhi.
Johnson, H. B., Hamden.
Mann, D. H., Delhi.
Matthews, J. R., Kortright.
McLaurey, J. S., Walton.
McNaught, F. H., Hobart.
McNaught, J. S., Stamford.
McNaught, T. S., Stamford.
Montgomery, A. C., Colchester.
Newkirk J., Roxbury.
Ogden, H. E., Walton.
Olin, S., Meredith.
Pettingill, S. C., Hancock.
Radiker, B. E., Deposit.
Reid, S., Middletown, Orange Co.
Smith, George, Franklin.
Smith, H. M., Kortwright.
Snow, E. E., Walton.
Sullard, A. E., Franklin.
Telford, W. C., Bovina.
Thompson, R. M., Andes.
Wight T., Andes.
Wilcox, Ira, Franklin.
Wright, J. N., Grand Gorge

Number of Members, 44.

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# DUTCHESS COUNTY.

## DUTCHESS COUNTY MEDICAL SOCIETY.

(Organized in 1806.)

MEETINGS—Annual, second Wednesday in January, at Poughkeepsie; semi-annual, second Wednesday in June.

### *Officers.* (*January* 12, 1881.)

Per Lee Pine, President.
N. M. Van Duser, Vice-President.
Guy C. Bayley, Secretary.
C. H. Langdon, Treasurer.

### *Censors.*

Edward L. Beadle, Alfred Hasbrouck, Robert K. Tuthill,
Desault Guernsey, E. H. Gerow.

### *Delegates to State Medical Society.*

Edwin Barnes, Alfred Hasbrouck.

### *Members.*

Baker, B. N., Rhinebeck.
Barnes, Edwin, Pleasant Plains.
Barton, T. F., Madalin.
Bayley, Guy C., Poughkeepsie.
Beadle, Edward L., Poughkeepsie.
Berry, Charles H., Dover Plains.
Bird, J. S., Hyde Park.
Bolton, Edward C., Poughkeepsie.
Bockee, Jacob, Poughkeepsie.
Brown, Paul R., Salt Point.
Cahart, E., Madalin.
Campbell, C. N., Poughkeepsie.
Carey, George, Madalin.
Carroll, R. J., Red Hook.
Carter, Norris M., Poughkeepsie.
Chapman, G. B., Amenia Union.
Cleveland, J. M., Poughkeepsie.
Cole, C. E., Mount Ross.
Conklin, W. J., Fishkill.
Cookingham, H. L., Red Hook.
Cooper, John R., Poughkeepsie.
Cornell, Isaac M., New Hamburgh.
Coutant, J. C., Poughkeepsie.
Cruse, Thomas R., Wappinger's Falls.
Curtis, C. P., Fishkill.
Doughty, J. H., Matteawan.
Devan, J. N., Pleasant Valley.
Fink, A. T., Freedom Plains.
Forman, J. H., Hopewell.
Gerow, Elizabeth H., Poughkeepsie.
Guernsey, Desault, Amenia.
Hammond, T., Dover Plains.
Harvey, A. B., Poughkeepsie.
Hasbrouck, Alfred, Poughkeepsie.
Herrick, W., Milan.
Hoag, A. F., City.
Hopkins, W. H., Hyde Park.
Hoyt, Edwin, Shultzville.
Hull, William B., Poughkeepsie.
Hunting, T. M., Pine Plains.
Huntington, George, La Grangeville.
Hustis, C., Matteawan.
Kellogg, A. O., Poughkeepsie.
Kinkead, J., Poughkeepsie.
Kittredge, C. M., Fishkill-on-Hudson.
Knapp D. A., North Clove.

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Lamb, I. C. T., Poughkeepsie.
Langdon, Charles H., Poughkeepsie.
Losee, E., Bengall.
Losee, John, Madalin.
Mead, I. N., Amenia.
Moith, J. E., Fishkill.
Nicholson, C. A., Beekman.
Northrup, M. C., South Dover.
Parker, Edward H., Poughkeepsie.
Payne, J. C., Poughkeepsie.
Pierce, H., Pawling.
Pine, P. L., Poughkeepsie.
Pingry, J. O., Mill Brook.
Pultz, M. T., Standfordville.
Rockwell, L. E., Amenia.
Schenck, J. P. Jr., Matteawan
Slack, Henry, Fishkill-on-Hudson.
Stevenson, W. G., Poughkeepsie.
Stillman, S., Millerton.
Sutten, G. L., East Fishkill.
Traver, I. H., Pleasant Valley.
Tuthill, R. K., Poughkeepsie.
Underhill A., New Hackensack.
Upton, G., La Grangeville.
Van Duser, A. E., Poughkeepsie.
Van Wyck E., New Hackensack.
Ward, D. B., Poughkeepsie.
Webb, DeWitt, Poughkeepsie.
Webster, Helen W., Poughkeepsie.
Wellman, G. W., Dover Plains.
White, Lewis H., Fishkill.
White, Hornell, Fishkill.
Wilbur, H. C., Pine Plains.
Williamson, Phœbe T., Washington.
Wilson, J. P. Poughkeepsie.

Number of Members, 81.

### *Honorary Members.*

Demming, R., Sharon, Conn.
Fountain, H., Yorktown, N. Y.
Helm, W. H., Sing Sing, N. Y.
La Monte, Austin, Carmel, N. Y.
Murdock, G. W., Cold Spring, N. Y.
Lent, F. D., Cold Spring, N. Y.
Weir, R. F., New York, N. Y.
Wheeler, N. W., Patterson, N. Y.

## ERIE COUNTY.

### MEDICAL SOCIETY OF THE COUNTY OF ERIE.

MEETINGS—Annual, second Tuesday in January; semi-annual, second Tuesday in June.

*Officers*, (*January* 11, 1881.)

John Hauenstein, President.
T. M. Johnson, Vice-President.
A. M. Barker, Secretary.
F. W. Abbott, Treasurer.
James B. Samo, Librarian.

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## *Censors*

Edward Storck. A. H. Briggs, H. R. Hopkins.
Wm. C. Phelps. P. W. Van Peyma.

## *Delegates to State Medical Society.*

E. N. Brush, H. R. Hopkins, Henry Lapp.
E. T. Dorland, T. M. Johnson.

## *Committee on Hygiene.*

A. H. Briggs, C. C. F. Gay. E. Storck.
J. W. Keene, A. M. Barker.

## *Members.*

Abbott, F. M., 223 Franklin street.*
Abbott, Geo., White's Corners.
Allen, Jabez, East Aurora.
Andrews, Judson B., State Insane Asylum, Forest avenue.
Armstrong, J. B., 404 Main street.
Atwater, S. L., Buffalo.
Bailey, D. A., 1227 Niagara street.
Banta, R. L., 330 Elk street.
Barker, Arthur M., 137 West Tupper st.
Barnes, E. R., 18 Exchange street.
Barrett, W. C., 11 West Chippewa st.
Barry, T. L., Spring Brook.
Bartlett, F. W., 112 Ellicott street.
Bartow, Bernard, 220 Franklin street.
Bidaman, W. D., 209 Vermont street.
Bissell, E. S., Main street.
Boardman, John, 16 Court street.
Boies, L. F., East Hamburgh.
Bourne, C. W., Boston, N. Y.
Brecht, F. E. L., 353 William street.
Briggs, A. H., 191 E. Seneca street.
Brooks, A. J., Marilla.
Brush, E. N., Utica, N. Y.
Burt Franklin, 307 Elk street.
Burwell, George N., 130 Pearl street.
Campbell, R. E., 121 West Mohawk st.
Cary, Charles, 210 Delaware street.
Chester, C. O., 150 Bryant street.
Coakley, J. B., cor. Delaware and Tupper streets.
Cronyn, John, 55 West Swan street.
Cronyn, J. L. C., 55 West Swan street.
Dagenais, A., 348 East Eagle street.
Daggett, B. H., 49 South Division street.
Dambach, John, 415 Michigan street.
Davison, A. R., 598 Main street.
Dayton, C. L., 1872 Niagara street.
Dayton, L. P., 15 Niagara street.
Devening, D., 470 Michigan street.
Diehl, Conrad, 32 West Genesee street.
Dorland, E. T., 384 East Swan street.
Dorr, S. G., 809 William street.
Earl, W. C., 1541 Niagara street.
Eisbein, C. D., 394 Broadway.
Elwood, H. S., 9 West Mohawk street.
Folwell, H. S., 122 Pearl street.
Fowler, Joseph, 472 Niagara street.
Gail, W. H., East Aurora.
Gay, C. C. F., 180 Franklin street.
Gness, Carl H., 22 Main street.
Gould, William, 219 Pearl street.
Granger, W. D., State Insane Asylum, Forest avenue.
Greene, J. C., 124 East Swan street.
Greene, S. S., 444 Elk street.
Grove, Benj. H., 7 West Chippewa street
Haberstro J., County Hospital.
Hancock, A. S., cor. 7th and George sts.
Harrington, D. W., 1430 Main street.
Hartwig M., 38 East Huron street.
Harvey, C. W., 16 West Tupper street.

*Where no town is mentioned, Buffalo is to be understood.

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Harvey, L. F., 16 West Tupper street.
Hauenstein John, 499 Washington street.
Hebenstreit, R., 166 Broadway.
Hill, J. D., 190 Delaware street.
Hopkins, H. R., 164 Franklin street.
Howe, Lucien, 5 West Chippewa street
Jackson, W. H., Springville.
Johnson, T. M., 10 South Division st.
Kamerling, A., 171 Bryant street.
Keene, J. W., 61 South Division street.
King, J. E., 16 East Seneca street.
Krombein, L., 246 Elm street.
Krug, Julius, 560 Broadway.
Lapham, G. H., East Aurora.
Lapp, Henry, Clarence.
Little, Edward, 8 South Division street.
Long, L. A., 31 West Eagle street.
Lothrop, B. L., 81 Breckenridge street.
Lothrop Thomas, 260 Pearl street.
Lynde, U. C., 86 North Division street.
Mackay, G. E., 39 Franklin street.
Macniel, D., 9 East Seneca street.
Marcley J. Irving, 1859 Niagara street.
McPherson, G. W., Lancaster.
Miller, J. G., Lancaster.
Miller, Wm. V., Prospect avenue, corner Vermont street.
Miner, J. F., 978 Main street.
Mixer, S. F., 158 East Swan street.
Moody, Mary J., 187 North Pearl street.
Murray, H. B., Tonawanda.
Murray, W. D., Tonawanda.
Mynster, H., 610 Main street.
Nichell H., 80 Sycamore street.
Nott, S. E. S. H., White's Corners.
O'Brien, E. C. W., 16 East Seneca st.
Parkwood, Wm. J., 406 East Genesee st.
Parker, L. P. L., Akron.
Pattison, G. W., 17 Court street.
Peterson, Frederick, 43 W. Huron street.
Pettit, J. A., 526 South Division street.
Phelps W. C., 150 Allen street.
Potter, Samuel, Lancaster.
Pride, J. B., Alden.
Ring, Charles A., 364 Niagara street.
Ring, Wm., 364 Niagara street.
Rochester T. F., 216 Franklin street.
Samo, J. B., 396 Pearl street.
Shade, Louis, 244 Goodelle street.
Shaw, O. C., Hamburgh.
Slacer, W. H., 1845 Niagara street.
Sloan, James, 335 Elk street.
Smith, James S., 66 High street.
Sonnick, Peter, 89 Broadway.
Storck, E., 436 Washington street.
Storck, E. E., 247 Swan street.
Strong, O. C., Colden.
Strong, P. H., 120 Niagara street.
Sutherland, A. R., Tonawanda.
Sweetland, G., Evans.
Thompson, Justin G., Angola.
Tobie, E., 12 East Mohawk street.
Trowbridge, J. S., 273 Niagara street.
Trull, H. P., Williamsville.
Van Pelt, Wm., Williamsville.
Van Peyma, J. W., Lancaster.
Van Peyma, P. W., 499 William street.
Van Peyma, W., Clarence Center.
Vaughan, F. O., 438 Swan street.
Volker, Louis C., 443 E. Genesee street.
Wall, Charles A., 111 College street.
Walsh, J. J., 259 Broadway.
Warren, S. H., 19 Milnor street.
Wasson, W. A., 746 Seneca street.
Wenz, J., Lancaster.
Wetzel Charles H., 564 East Genesee st.
Wheeler, J. C., Marilla.
White James P., 674 Main street.
Willet, Phœbe, East Hamburgh.
Williams, A. W., 116 Glenwood avenue.
Willoughby, M., 1835 Main street.
Wyckoff, C. C., 482 Delaware street.

Number of Members, 140.

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## ESSEX COUNTY.

### ESSEX COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, fourth Tuesday in June, at Elizabethtown. Other meetings at such time and place as the Society may direct.

*Officers.* (*June* 21, 1881.)

Lyman Barton, President.
P. W. Barber, Vice-President.
S. E. Hale, Secretary.
Edward F. Edgerly, Treasurer.

*Censors.*

E. F. Edgerly, C. S. McLaughlin. W. E. Pattison.

*Delegate to State Medical Society.*

Conant Sawyer.

*Members.*

Barber, Pliny W., Weedsport.
Barton, Lyman, Willsborough.
Cleveland, Warner, Port Henry.
D'Avignon, Francis J., Au Sable Forks.
Dickinson, S. F., Westport.
Dodge, Sidney W., Franklin Falls.
Edgerly, Edward F., Moriah Centre.
Hale, Safford E., Elizabethtown.
Holcomb, Sylvester S., Upper Jay.
Hopper, Charles A., Port Henry.
Kendall, Frank E., Lower Jay.
La Bell, Martin J., Lewis.
McLaughlin, Charles S., Mineville.
Merrill, Albinus J., Upper Jay.
Murray, Joseph B., Crown Point.
Oliver, John N., Ticonderoga.
Palmer, Dudley, Schroon.
Pattison, Warren E., Elizabethtown.
Polland, Abiathar, Westport.
Saville, Robert T., Mineville.
Sawyer, Conant, Au Sable Forks.
Strong Edward T., Crown Point.
Turner, Melvin H., Hammondville.
Warner, Charles B., Port Henry.
Warner, Joseph, Crown Point.
Warner, R. E., Port Henry.

Number of Members, 26.

## FRANKLIN COUNTY.

### FRANKLIN COUNTY MEDICAL SOCIETY.

(Organized in 1814; re-organized in 1848.)

MEETINGS—Annual, third Tuesday in January; semi-annual, first Tuesday in June; quarterly, first Tuesday in September.

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*Officers.* (*January* 18, 1881.)

Launston M. Berry, President.
L. M. Wardner, Vice-President.
Sidney P. Bates, Sec. and Treas.

*Censors.*

Theodore Gay. William Gillis, Calvin Skinner.

*Delegates to State Medical Society.*

A. M. Phelps.

*Members.*

Babcock, L. W., Bombay.
Berry, L. M., Westville Centre.
Bates, Sidney P., Malone.
Brand, Warren M., Burke.
Crippen, Carter, Fort Covington.
Darling, Ira A., West Bangor.
Farnsworth, Hial S., Chateaugay,
Furness, Henry, Malone.
Gay, Theodore, Malone.
Gillis, William, Fort Covington.
Howe, George, Chateaugay.
Johnson, I. A., Chateaugay Lake.
Macfie, James, Fort Covington.
McLaren, D. C., Franklin Center.
Mott, William, Chateaugay.
Phelps, A. M., Chateaugay.
Roys, Fernando, Dickinson Center.
Rust, R. T., Moira.
Skinner, Calvin, Malone.
Smith, C. B., West Bangor.
Wardner, L. M., Brush's Mills.
Wentworth, S. S., Malone.
Wentworth, W. W., Malone.
Whyte, R. M., Ellenburgh Center, Clinton county.
Wilbur, Arthur A., East Constable.
Wilding, Robert J., Churubusco.
Woodward, Daniel B., Ellenburgh, Clinton County.

Number of Members, 27.

## FULTON COUNTY.

### FULTON COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, second Thursday in January; semi-annual, second Thursday in July, at such place as is agreed upon.

*Officers* (*January* 13, 1881.)

Darius S. Orton, President.
John Edwards, Vice-President.
Isaac DeZouche, Secretary.
David V. Still, Treasurer.



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*Censors.*

D. N. Barker. F. W. Shaffer. J. K. Thorne.

*Delegate to State Medical Society.*

John E. Burdick.

*Members.*

Avery, A. J., Northville.
Barker, D. N., Broadalbin.
Beach, Eugene, Gloversville.
Blake, J. F., Northville.
Burdick, John E., Rockwood.
Cameron, Richard H., Johnstown.
DeZouche, Isaac, Gloversville.
Edwards, John, Gloversville.
Furbeck, Peter R., Gloversville.
Johnson, W. L., Johnstown.
Lefler, C. M., Gloversville.
Lefler, Jehiel, Johnstown.
McGann, Thomas, Wells, Hamilton Co.
Orton, Darius S., Northampton.
Shaffer, F. W., Gloversville.
Smith, T. D., Broadalbin.
Still, David V., Johnstown.
Thorne, J. K., Broadalbin.
Van Ness, Ira H., Osborne's Bridge.
Walrath, Adam, Laselsville.
Young, James K., Johnstown.

Number of Members, 21.

## GENESEE COUNTY.

### GENESEE COUNTY MEDICAL SOCIETY.

(Organized about 1811.)

MEETINGS—Annual, second Tuesday in June; semi-annual, second Tuesday in January, at Batavia.

*Officers.* (*June* 14, 1881.)

A. P. Jackson, President.
J. V. Mullen, Vice-President.
John R. Cotes, Secretary and Treasurer.

*Censors* (1880).

A. P. Jackson, L. B. Parmele, Wm. B. Sprague,
H. Pamphilon, L. L. Tozier.

*Delegate to State Medical Society.*

W. W. Potter.

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*Members.*

Barrett, S. Le Roy.
Bateman, S. C., Alabama.
Cleveland, J. F., Le Roy.
Cotes, John R., Batavia.
Crane, F. W., Corfu.
Croff, G. W., Bethany.
Croff, O. R., Bethany.
Davidson, J. C., Batavia.
Ellenwood, A. G., Attica, Wyoming Co.
Fuller, B. A., Le Roy.
Gilbert, G. B., Byron.
Gleason, G. U., South Byron.
Jackson, A. P., Oakfield.
Lewis, J. M., Elba.
Morse, H. A., Batavia.
Mullen, J. V., Alexander.
Pamphilon, Henry, Stafford.
Pardee, Wm., Oakfield.
Parmele, L. B., East Pembroke.
Potter, W. W., Batavia.
Rand, C. F., Batavia.
Smith, A. D., East Pembroke.
Sprague, Wm. B., Pavilion.
Townsend, M. W., Bergen.
Tozier, L. L., Batavia.
Warner, I. W., Elba.
Williams, R., Le Roy.
Zarhout, A. F. G., Alabama.

Number of Members, 28.

## GREENE COUNTY.

### MEDICAL SOCIETY OF THE COUNTY OF GREENE.

(Organized July, 1806; re-organized October 13, 1855.)

MEETINGS—Annual, second Tuesday in May; semi-annual, second Tuesday in October; stated, second Tuesday in each month.

*Officers.* (*May* 11, 1880.)

William Stevens, President.
Thomas H. Wright, Vice-President.
William P. McLaury, Secretary.
William B. Huestis, Treasurer.

*Censors.*

James Jewell, A. W. VanSlyke, C. H. Chubb,
C. E. Willard, George W. Nelson.

*Delegate to State Medical Society.*

C. E. Willard.

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*Members.*

Baldwin, Frank, Hunter.
Barnett, C. V., Coxsackie.
Beach, Ambrose, Coxsackie.
Benham, C. V., Prattsville.
Chubb, Chas. H., Palenville.
Conklin, George, Durham.
Cowles, Jonathan B., Durham.
Deane, James A., Catskill.
Fanning, Nelson, Sr., Catskill.
Fanning, Nelson, Jr., Leeds.
Fitch, Thomas, Prattsville.
Ford, Edwin L., Hunter.
Greene, F. S., Coxsackie.
Griffin, N. H., Cairo.
Huestis, Wm. B., Kiskatom.
Jewell, James, Catskill.
McCabe, Bradley S., Greenville.
McLaury, William P., Catskill.
Mackey, E. R. Catskill.
Mead, Wm. H., Windham.
Nelson, Geo. W., East Durham.
Noble, G. H., Cairo.
Rouse, J. B., Leeds.
Stanley, P. J., Windham.
Stevens, Wm., Cairo.
Van Dyke, J. B., Coxsackie.
Van Slyke, A. W., Coxsackie.
Van Tassel, G. W., Freehold.
Westervelt, Alonzo G., East Durham.
Wheeler, F. A., Athens.
Wheeler, J. H., Athens.
Wight, Thos. H., Prattsville.
Willard, Chas. E., Catskill.

Number of Members, 33.

*Non-Resident Members.*

Chase, Walter B., Brooklyn, N. Y.
McClancy, A., Pleasant Valley, N. Y.
Wetmore, C. H., California.

*Honorary Member.*

Gouverneur M. Smith, New York.

## HAMILTON COUNTY.

[Has no Medical Society.]

## HERKIMER COUNTY.

### HERKIMER COUNTY MEDICAL SOCIETY.

(Organized August 5th, 1806.)

MEETINGS—Annual, first Tuesday in June; semi-annual, first Tuesday in December.

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### *Officers.* (*June* 7, 1881.)

Charles J. Hall, President.
J. F. Huntley, Jr., Vice-President.
A. Walter Suiter, Secretary.
George Graves, Treasurer.
Cyrus Kay, Jr., Librarian.

### *Censors.*

James E. Casey, S. A. Ingham, Jr., John P. Sharer.
W. H. H. Parkhurst, J. I. Rasbach.

### *Committee on Hygiene.*

C. W. Hamlin, W. H. H. Parkhurst, A. Walter Suiter,
H. A. France, John P. Sharer.

### *Committee on Microscopy.*

A. Walter Suiter, Chairman. L. R. Quackenbush. S. A. Ingham, Jr.

### *Delegate to State Medical Society*

A. Walter Suiter.

### *Members.*

Barney, H. G., Brockett's Bridge, Fulton County.
Bellinger, Peter F., Herkimer.
Brown, Wm., Cedarville.
Browne, A. J., Newport.
Budlong, W. W., Frankfort.
Bushnell, Benjamin E., Little Falls.
Bushnell, K. A., Little Falls
Casey, J. E., Mohawk.
Christman H. J., Columbia.
Coffin, A. D., Frankfort.
Comstock, Fred F., Ilion.
Crim, F. D., Mohawk.
Devendorf, M. D., Herkimer.
Dexter, Lyman C., Newport.
Douglass, A. J., Ilion.
Douglass, A. O., Gray.
Draper, E. M., Ilion.
Ellis, John B., Little Falls.
Fox, Eli, Mohawk.
France, H. A., Pollard.
Graves, George, Herkimer.
Greene, H. H., Paine's Hollow.
Hall, Charles J., Norway.
Hamlin, C. W., Middleville.
Harter, Fred. J., Herkimer.
Harter, Wm. H., Herkimer.
Holcomb, I. B., Newport.
Huntley, James F., Jr., West Winfield.
Hyland, Thomas G., Little Falls.
Ingham, Silas A., Little Falls.
Ingham, Stephen A., Little Falls.
Kay, Cyrus, Jr., Herkimer.
Lewis, Henry, Jr., Little Falls.
Longshore, Miles, Cold Brook.
Maben, H. B., Ilion.
Miller, Adam, Jordanville.
Millington, S. R., Poland.

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Moors, A. A., West Winfield.
Parkhurst, Wm. H. H., Frankfort.
Potter, Vaughn C., Starkville.
Pryne, Peter, Herkimer.
Quackenbush, Leslie R., Brockett's Bridge, Fulton county.
Rasbach, George P., Mohawk.
Rasbach, James I., Ilion.
Richter, M. R., Middlevlile.
Rose, James M., West Winfield.
Seaman, F. G., Fairfield.
Sharer, John P., Little Falls.
Skiff, P. A., Frankfort.
Suiter, A., Walter, Herkimer.
Tibbitts, William, Newville.
Walker, D. N., Ilion.
Warner, Robert W., Ilion.
Willard, I. N., Fairfield.
Young, John D., Starkville.

Number of Members, 55.

## JEFFERSON COUNTY.

### JEFFERSON COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, first Tuesday in January; semi-annual first Tuesday in July; quarterly, first Tuesday in April and October.

*Officers.* (*January* 4, 1881.)

E. B. Pratt, President.
E. G. Howland, Vice-President.
Henry H. Deane, Secretary.
J. H. Tamblin, Treasurer.

*Censors.*

S. L. Parmelee, J. R. Sturtevant, H. A. McIlmoyle,
J. M. Crawe, E. Sill.

*Delegates to State Medical Society.*

J. D. Spencer, Wm. C. Bailey.

*Members.*

Abell, I. H., Antwerp.
Allen, A. H., Keenville, St. Lawrence Co.
Ammann, J. B., Pamelia Four Corners.
Babcock, Z. R., Lorraine.
Bailey, W. C., Adams Centre.
Ballard, S. E., Natural Bridge.
Benedict, A. J., Sacketts Harbor.
Carlisle, E. S., Plessis.
Catlin, C. A., Redwood.
Chapman, E. A., Bellville.

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Cheeseman, B. C., La Fargeville.
Church, M. K., Pierrepont Manor.
Clink, Robert, Redwood.
Crawe, J. M., Watertown.
Daab, Jacob, La Fargeville.
Deane, H. H., Watertown.
Derby, E. G., Antwerp.
Douglass, Charles, Dexter.
Ferguson, N. D., Carthage.
Finney, J. R., Rodman.
Frame, Luke E., Depauville.
Frame, S. W., Bellville.
Getman, A. A., Chaumont.
Hannahs, K., Watertown.
Howland, E. G., Watertown.
Hubbard, George N. Carthage.
Hutchins, M. J., Redwood.
Jewett, H. W., Chaumont.
Johnson, C. M., Watertown.
Johnson, P. H., Adams.
Jones, L. E., Evans Mills.
Kelsey, James E., Theresa.
McIllmoyle, H. A., Clayton.
Mansfield, Lois, Mrs., Watertown.
Massey, W. P., Brownville.
Masson, Thomas, Cape Vincent.
Merrill, S. L., Mannville.
Miller, J. H., Carthage.
McCombs, George M., Clayton.
Parker, Charles, Three-Mile Bay.
Parmelee, S. L., Watertown.
Peeden, J. T., Carthage.
Pierce, D. E., St. Lawrence.
Pierce, John, Adams.
Pratt, E. B., Brownville.
Potter, C. D., Adams Centre.
Rodenhurst, DeWitt C., Ox-Bow.
Rudd, A. R., Watertown.
Sabin, George G., Stone Mills.
Sill, E., Watertown.
Smith, Allen, Cape Vincent.
Spencer, H. G. P., Watertown.
Spencer, James D., Watertown.
Stevens, A. B., Black River.
Sturtevant, J. R., Theresa.
Tamblin, J. H., Tylerville.
Terry, W. G., Henderson.
Thompson, A. S., Ellis Village.
Trowbridge, E. W., Watertown.
Trowbridge, W. R., Watertown.
Tyler, Wm. E., Sacketts Harbor.
Watson, Lewis C., Alexandria.
Wood, J. A., Plessis.

Number of Members, 63.

## KINGS COUNTY.

### MEDICAL SOCIETY OF COUNTY OF KINGS.

MEETINGS.—This Society holds its annual meeting on the third Tuesday in January; stated meetings on the third Tuesdays of other months. All meetings are held in Brooklyn, at 398 Fulton street.

In the list of members given below, only those are included who conform with the requirements of the by-laws in respect of assessments and dues. The nucleus of a library has been formed, and the "Proceedings" are published about the first of every month. A "Journal and Reading Room" is open daily (except Sundays) from 10 A. M. to 10 P. M.; eighty journals are regularly on file.

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*Officers*, (*January* 18, 1881.)

C. Jewett, President.
F. W. Rockwell, Vice-President.
R. M. Wyckoff, Secretary.
J. H. Hunt, Assistant Secretary.
J. R. Vanderveer, Treasurer.
T. R. French, Librarian.

*Censors.*

B. A. Segur. L. S. Pilcher. J. D. Rushmore.
A. Hutchins. W. H. Thayer. B. F. Westbrook.

*Delegates to Medical Society.*

J. Byrne, F. W. Rockwell, W. Wallace.
E. N. Chapman. J. D. Rushmore, B. F. Westbrook,
G. G. Hopkins. J. C. Shaw, J. S. Wight,
A. Otterson, S. Sherwell, C. Jewett.

*Committee on Hygiene.*

B. F. Westbrook. B. Edson. N. B. Sizer.

*Members.*

Ambrose, D., 99 Second place.*
Anderson, William, 167 Union street.
Andrews, J. S., Penn. ave., East N. Y.
Armor, S. G., L. I. College Hospital.
Arnold, J. A. Hosp. Incurables, Flatbush.
Atkinson, G. H., 98 Pineapple street.
Atwood, A. D., 980½ DeKalb avenue.
Ayres, Benjamin, 193 Putnam avenue.
Baker, G. W., 48 Bedford avenue, E. D.
Baker, R. C., 97 Fourth street, E. D.
Baldwin, N. A., 168 Tompkins avenue.
Ball, John, 122 Montague street.
Barber, I. H., 36 Lafayette avenue.
Barnhart, M. W., 138 Kent street, E. D.
Bartlett, H. L., Flatbush.
Bartley, E. H., 386 Pacific street.
Bates, W. H., 184 Remsen street.
Beardsley, W. E., 115 Clymer street, E. D.
Bell, L. T., 162 Putnam avenue.
Bennett, W. H., 184 Sixth avenue.
Bird, J. R., 122 Putnam avenue.
Bliss, W. A., 292 Eighteenth street.
Bodkin, D. G., 92 Sands street.
Bowron, F. W., 259 Tompkins square.
Brady, S. J., 16 Bedford avenue, E. D.
Briggs, B. M., 106 Willoughby street.
Bristow, A. T., 253 Clinton street.
Brodie, J. A., 205 Raymond street.
Brown Anna M., 488 Bedford avenue.
Brush, G. W., 144 Lawrence street.
Buell, R. M., 209 Seventeenth street.
Bunker, E. S., 280 Henry street.
Burge, J. H. H., 134 Montague street.
Burns, A. M., 136 Meserole ave., E. D.
Byrne, John, 314 Clinton street.

* Where no name of town is given, Brooklyn is to be understood.

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Caemmererer, W. H., 247 Baltic street.
Campbell, A., 883 St. Marks avenue.
Candidus, P., 228 South Ninth st., E. D.
Cardwell, G. A., 85 Bedford ave., E. D.
Carolan, E. J., 362 Bedford avenue.
Carpenter, E. W., 114 Montague street.
Carreau, J. A., 203 Bergen street.
Catlin, A. W., 207 Greene avenue.
Chace, D. E., 274 Bridge street.
Chapman, E. N., 95 Pierrepont street.
Chase, Walter B., 812 DeKalb avenue.
Childs, S. B., 479 Grand avenue.
Church, S., 294 Clinton street.
Clark, Charles F., 194 Greene avenue.
Clark, J. E., 340 Clinton street.
Clarke, Alex. S., 132 Remsen street.
Cochran, Alex., 212 Clinton street.
Cochran, H. L., 303 Henry street.
Colgan, J. P., 329 Jay street.
Colton, E. G., 276 President street.
Colton, F. H., 136 Montague street.
Conkling, J. T., 143 Remsen street.
Conroy, W. E., 586 Franklin avenue.
Cook, C, D., 133 Pacific street.
Cooper, John, 33 St. James Place.
Corbally, T. P., 474 Vanderbilt avenue.
Corbin, Job, 943 Gates avenue.
Corcoran, J. J., 409 Kent avenue.
Corey, Charles, 23 South Oxford street.
Coverly, J. H., 191 Cumberland street.
Cowles, F. A., 230 South 4th st., E. D.
Crane, James, 163 Clinton street.
Creamer, Joseph, 60 South Second street, E. D.
Crutchley, W. F., 645 Kosciusko street.
Curry, A. M., 1151 Fulton avenue.
Cushing, G. W., 221 Schermerhorn st.
Cutter, George R., 95 Division ave., E.D.
Daly, Guy F., Flatbush.
Davidson, R. T., 13 Troutman street.
De Bowes, T. N., 429 Clinton street.
De La Vergne, C. E., 113 State street.
De Long, W. A., 285 South Second st., E. D.
De Mund, F. C., New Utrecht.
Dodge, D. A., 163 Congress street.
Dower, A. J., 380 Union street.
Drury, George, 195 Adams street.
Dudley, W. H., 301 Henry street.
Duryee, G. W., 539 Marcy avenue.
Eddy, Charles, 79 Fort Green place.
Edson, Benjamin, 83 St. Mark's avenue.
Eltinge, Edgar, 658 Nostrand avenue.
Emery, Z. T., 370 Greene avenue.
Ensell, J. E., 125 High street.
Eskens, F., 748 Flushing avenue.
Evans, George A., 458 Marcy avenue.
Fairbairn, H. A., 231 McDonough street.
Farrar J. N., 15 Greene avenue.
Fearn, Herbert, 196 Clermont avenue.
Fealey, J. F., 296 Lorimer street, E. D.
Fessenden, B. F., 380 Adelphi street.
Figueira, M., 827 Flushing avenue, E.D.
Fletcher, George, 83 Pennsylvania ave.
Ford, A. W., 167 Union street.
Ford Nathaniel, 514 Henry street.
Fowler, G. R., 457 Marcy avenue.
Freeman, J. N., 80 Hanson place.
French Thomas R., 469 Clinton ave.
Frickenstein, T., 110 Union ave., E. D.
Fuhs J., 221 South Fourth street, E. D.
Fuller, S. E., 79 Hanson place.
Furgang Albert, East New York.
Gallaher, Thomas, 420 Manhattan ave., E. D.
Gilfillan, William, 98 Remsen street.
Gilfillan, William J., 79 Main street.
Gillette, F. B., 128 Colyer street, E. D.
Gleavy, J. J., 380 Bergen street.
Goodwin, Francis, 350 Bradford avenue.
Gray, L. C., 144 State street.
Gregory, J. E., 531 Henry street.
Griffin, J., 90 Sands street.
Griffing, G. P., 597 Lorimer street, E.D.
Griffiths, W. E., 324 Schermerhorn st.
Griggs, S. C., 141 Lefferts place.
Gunther, C. E., 326 Clinton street.
Hallam, A. C., 518 Grand street, E. D.
Halsey, J. C., 21 Concord street.
Harcourt, J. M., 328 Clinton street.
Hardrich, H., 260 Graham avenue.
Harlin, W. H., 268 Yates avenue.
Harrigan, J., 123 William street.
Harvey E. J., 154 Congress street.
Haslett, Audley, 115 Clinton street.
Hawley, J. S., 29 Tiffany place.
Healy, Joseph, 77 Gates avenue.
Henderson, A. C., 164 North Sixth street, E. D.
Henry, J. W., 203 Halsey street.
Hesse, H. J., 188 Bushwick avenue.
Hesse, R. G., 188 State street.



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Hewett, W. B., 163 Prospect place.
Hogeboom, C. L., 884 Bushwick avenue.
Hopkins, G. G.. 375 Grand avenue.
Houghton, A. S., 1263 Fulton street.
Howe J. F., 413 Fifth avenue.
Hoyt, F. M., 101 Park avenue.
Hughes, O. J. D., 83 Henry street.
Hunt, J. H., 419 Hart street.
Hutchins Alexander, 796 De Kalb ave.
Hutchison, J. C., 479 Clinton avenue.
Hyde, Joel W., 215 Schermerhorn st.
Irish, L. B., 703 Fourth avenue.
Jenkins, J. A., 702 Leonard street.
Jewett, Charles, 307 Gates avenue.
Jewett, C. C., 101 Hicks street.
Johnson, C. H., 141 Greene avenue.
Johnson, J. G., 81 Henry street.
Joye, T. A., 89 Pacific street.
Keller, Ferd., 60 St. Mark's avenue.
Kene, J. A., 31 Debevoise place.
Ketcham, G. F., 331 Adelphi street.
King, J. S., 883 Myrtle avenue.
Krauter, J., 742 Flushing avenue.
Kretzschmar, P. H., 413 Carlton avenue.
Kuhn, George R., 122 Clinton avenue.
Lamadrid, J. J., 258 Franklin avenue.
La Roe, J. G., 115 Noble street, E. D.
Leary, J. B., 651 De Kalb avenue.
Leighton, N. W., 143 Taylor street, E.D.
Lewis, E. A., 94 Pineapple street.
Lindridge, E. F., 157 Cumberland street.
Little, W. A., 443 Bedford avenue.
Loewenstein, H., 150 Bushwick avenue, E. D.
Lowell, A. L., 30 Clinton street.
Lucas, D. F., 600 Pacific street.
Lung, J. B., 20 Utica avenue.
McClellan, Chris. R., 119 Pacific street.
McCollom, Wm., 195 Lefferts place,
McCorkle, J. A., 264 Clinton street.
McCosker, T., 105 Bushwick ave., E. D.
McLean, H. C., 390 Dean street.
McNaughton, G., 20 Greene avenue.
Madden, Frank, 159 Joralemon st.
Maddren, Wm., 1 Hanson place.
Malone, Ed., 111 South Second st., E.D.
Mann, F. P., 308 Gates avenue.
Martin, W. H., 357 Clinton street.
Mason, L. D., 171 Joralemon street.
Mason, T. L., 171 Joralemon street.
Matheson, A. R., 337 Union street.
Mathewson, A., 139 Montague street.
Matson, N., 285 Franklin avenue.
Matson, W. B., 285 Franklin avenue.
Matthews, H. C., 894 Quincy street.
Mattison, J. B., 185 Livingston street.
Merritt, John, 22 Lafayette avenue.
Metcalfe, E. G., 348 South Fifth st., E.D.
Meyer, Joseph, 390 Graham avenue, E.D.
Meyersburg. A. G., East New York.
Miller, F. H., East New York.
Mitchell, C. L., 129 Montague street.
Moore, J. Fred., 444 Pacific street.
Mordough, E. F., 74 Sands street.
Morse V., 291 Carlton avenue.
Mulligan, E. L., 191 Macon street.
Newman, F. R., 110 Madison street.
Newman, G. W., 191 Lorimer st., E. D.
Newton, B., 13 Prospect place.
North, N. L., 85 Bedford ave., E. D.
Olcott, Cornelius A., 104 Bedford ave., E. D.
Olmstead, S. H., 192 Union street.
Ormiston, Robert, 74 Hanson place.
Ostrander, F. W., 95 Clark street.
Ostrander, G. A., 61 Greene avenue.
Ostrander, J. W., 95 Clark street.
Otterson, Andrew, 179 Washington st.
Otterson, Wm. C., 144 Pierrepont street.
Paine, A. R., 485 Clinton avenue.
Palmer, Ernest, 270 Clinton street.
Peck, A. E., 124 Lawrence street.
Peck, E. F., 385 State street.
Pendleton, E., 112 Fourth street, E. D.
Pilcher, L. S., 4 Monroe street.
Pillsbury, Harriet F., 201 Rutledge st., E. D.
Pillsbury, H. H., 201 Rutledge street. E. D.
Plympton, H., County Hosp'l, Flatbush.
Potter, C. H., 494 Third avenue.
Pratt, W. H. B., 94 Sixth avenue.
Prendergast, P. J., 518 Henry street.
Prout, J. S., 167 Clinton street.
Quinn, J. R., 423 Kent avenue.
Rand, H. W., 21 Clinton street.
Randolph, W. H., 129 Herkimer street.
Rappold, J. C., 750 Flushing avenue.
Raub, Joseph M., 295 Clinton street.
Ray, J. A., 166 Gates Avenue.
Raymond, J. H., 173 Joralemon street.
Read, H. N., 541 Henry street.

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Reese, W. W., 155 Pierrepont street.
Reimer, A. F. W., 295 South Fifth st., E. D.
Reynolds, E., 154 Lafayette avenue.
Rice, M. Louise, 328 State street.
Richardson, J. E., 125 South Oxford st.
Riedel, Henry, 179 Bushwick avenue, E. D.
Risch, H. F. W,, 171 Seventeenth street.
Robinson, S. C., 431 Clinton avenue.
Rochester, T. M., St. James place, corner DeKalb avenue.
Rockwell, F. W., 6 Lafayette avenue.
Rogers, C. H., 377 Gates avenue.
Rooney, A. J., 226 Seventeenth street.
Rushmore, J. D., 129 Montague street.
Russell, W. G., 165 South Ninth st., E. D.
Santoire, S., 37 Lafayette avenue.
Schapps, J. C., 153 Ross street, E. D.
Schenck, P. L., Flatbush.
Schenck, Tennis, New Utrecht.
Schlatter, C. B., 145 Sackett street.
Schmetzer, G., 734 Flushing avenue.
Schmidt, C. F., 73 Stagg street.
Schwarzenberg, G. A., 292 South Fifth st., E. D.
Segur, B. A., 281 Henry street.
Shaw, J. C., 177 Schermerhorn street.
Shepard, A. W., 126 Willoughby street.
Sherman, W., 338 Ninth street.
Sherwell, S., 186 Remsen street.
Sizer, N. B. de S., 336 Greene avenue.
Skene, A. J. C., 167 Clinton street.
Small, H. G., 206 South Eight st., E. D.
Smith E. P., 23 Bedford avenue. E. D.
Smith, G. K., 102 Pierrepont street.
Smith, Jos. E., 64 Marcy avenue.
Smith, W. Scott, 1047 Third avenue.
Snively, J. C., 157 Clinton street.
Soerensen, S. J., 124 Carroll street.
Speir, S. F., 162 Montague street.
Squibb, E. H., 152 Columbia Heights.
Squibb, E. R., 36 Doughty street.
Sterling, J. H., 223 Schermerhorn street.
Stone, R. H., 178 Jay street.
Stuart, F. H., 184 Clinton street.
Stub, Arnold, 136 Dean street
Sullivan, J. D., 9 Decatur street.
Swalm, W. F., 118 Layfayette avenue.
Sweeny, James, 192 North Sixth st., E. D.
Swift, William, 54 Lefferts place.
Szigethy, C. A. H., 201 Clinton street.
Terhune, J. J., 171 Adelphi street.
Terry, C. H., 540 Washington avenue,
Thayer, W. H., 171 Livingston street.
Tittemore, Noah, 1075½ De Kalb avenue.
Turner Henry C., 382 Court street.
Turner, J. M., 413 Henry street.
Tuthill, S. B., 430 Lewis avenue.
Tuttle T., 43 Chauncey street.
Valentine, J. F., 150 Noble street, E. D.
Van Brakle, James, 166 Fourth st., E. D.
Vanderveer, J. R., 301 Carlton avenue.
Van Duzee, T. A., 291 South First street, E. D.
Van Harlingen, J., 166 Duffield street.
Van Kleek, R. L., Gravesend.
Van Ness, John, 456 Bedford avenue.
Van Zile, B. S., 161 Willoughby street.
Wackerhagen, G., 182 Clinton street.
Wade, James D., 252 South Ninth st., E. D.
Wade, John E., 10 Kossuth place, E. D.
Walker Jerome, 8 Seventh avenue.
Wallace, William, 183 Congress street.
Waterworth, W., 1153 Fulton street.
Watt, James, 384 Court street.
Wells, G. W., 341 Clinton street.
Welton, R. B., 513 Henry street.
Welty, G. W., 500 Clinton street.
West, F. E., 24 Clinton street.
Westbrook, B. F., 174 Clinton street.
Westbrook, G. R., 259 Dean street.
Whaley, E. A., 73 South Oxford street.
Wheeler, E. A., 27 Bedford avenue.
White, G. R., 227 Eleventh street.
White, H. B., 96 Pineapple street.
White, J. A., 672 Lafayette avenue.
Whiting, Howard, 224 Hewes street.
Wieber, George, 181 South Fifth st., E. D.
Wight, J. S., 115 Pacific street.
Wilbur, J. G., 544 Washington avenue.
Wilde, Thomas, 35 Fifth avenue.
Williams, H. F., 63 Downing street.
Williams, W. H., 607 Third avenue.
Willis, L. A., 171 Keap street, E. D.
Willson, Jared, 1230 Fulton street.
Woodhull, Kate C., 223 Halsey street.
Wunderlich, F. W., 145 State street.
Wyckoff, R. M., 532 Clinton avenue.
Young, C. F., 356 Bedford avenue.
Young, J. S., 85 Johnson street.
Zabriskie, J. L., Flatbush.
Zellhoefer, C., 175 South Fourth street, E. D.

Number of Members, 340.

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## LEWIS COUNTY.

### LEWIS COUNTY MEDICAL SOCIETY.

(Organized January 8, 1861.)

MEETINGS—Annual, fourth Tuesday in June; semi-annual, third Tuesday in December; quarterly, fourth Tuesday in March and September.

*Officers.* (*June* 28, 1881.)

C. P. Kirley, President.
S. H. Murphy, Vice-President.
J. H. Crosby Secretary.
H. S. Hendee, Treasurer.

*Censors.*

W. H. Johnson W. W. Jamison, C. E. McConnell.

*Delegate to State Medical Society.*

W. H. Johnson.

*Committee on Hygiene.*

A. H. Crosby, W. H. Johnson, C. E. Douglass.

*Members.*

Budd, C. D., Turin.
Cornish, H. J., Turin.
Crane, F. A., Lowville.
Crosby, A. H., Lowville.
Crosby, J. H., Lowville.
Douglass, Charles E., Constableville.
Faudrey, David, Barnes' Corners.
Hendee, H. S., Lowville.
Hough, F. B., Lowville.
Jamison, W. W., Dayansville.
Johnson, Wm. H., Port Leyden.
Kirley, C. P., Lowville.
McConnell, C. E., Constableville.
Mason, L. F., Barnes' Corners.
Merriam C. H., Locust Grove.
Murphy, S. H., Glensdale.
Turner, W. H. A., Denmark.

Number of Members, 17.

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# LIVINGSTON COUNTY.

## LIVINGSTON COUNTY MEDICAL SOCIETY.

(Organized in June, 1853.)

MEETINGS—Annual, second Tuesday in June, at Geneseo; semi-annual, second Tuesday in January, at the place selected by the Society; quarterly, at the call of the President.

*Officers.* (*June* 14, 1881.)

William Nesbit, President.
F. H. Moyer, Vice-President.
W. E. Lauderdale, Jr., Secretary.
M. C. Rowland, Treasurer.

*Censors.*

B. T. Kneeland, J. E. Crisfield, W. E. Lauderdale, Jr.

*Delegate to State Medical Society.*

J. W. Gray.

*Members.*

Alley, Wm. B., Nunda.
Ames, L. J., Mt. Morris.
Bennett, George H., Lima.
Bissell, D. H., Geneseo.
Blake, Z. H., Dansville.
Byam, L. W., Mumford.
Chase, E. G., Geneseo.
Coe, W. C., Avon.
Craig, J. W., Geneseo.
Craig, John, Mumford.
Crisfield, J. E. Dansville.
Denton, John, Moscow.
Dodge, F. B., Mt. Morris.
Dyke, I. A. M., York.
Ellis, S. G. Lima.
Filkins, J. G., York.
Gray, J. W., Avon.
Greene, Jay L., Hemlock Lake.
Jenks, James, Avon.
Joslyn, Z. H., Mt. Morris.
Kneeland, B. T., Nunda Station.
Lauderdale, W. E., Geneseo.
Lauderdale, W. E., Jr., Geneseo.
Losey, J. H., Conesus.
Menzie, R. J., Caledonia.
Moyer, F. H., Tuscarora.
Nesbit, William, Avon.
Perine, F. M., Dansville.
Purchase, J. B., Scottsburgh.
Richmond, C. H., Livonia.
Rowland, M. E., Geneseo.
Shelden, H. P., Livonia.

Number of Members, 32.

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# MADISON COUNTY.

## MADISON COUNTY MEDICAL SOCIETY.

(Organized in 1806.)

MEETINGS—Annual, second Tuesday in July; semi-annual, in January, at the call of the President.

*Officers.* (*July* 12, 1881.)

H. Foord, President.
Gilbert Birdsall, Vice-President.
L. A. Van Wagner, Secretary.
Amelia Tompkins, Treasurer.

*Censors.*

H. W. Carpenter, L. P. Greenwood, A. D. Head.
Wm. Taylor, C. B. Wilcox,

*Delegate to State Medical Society*

A. D. Head.

*Members.*

Beebe, Frank D., Hamilton.
Billington, M., Chittenango.
Birdsall, Gilbert, North Brookfield.
Brown H. Clift, South Brookfield.
Burkhyte, O. W., Brookfield.
Carpenter, H. W., Oneida.
Carpenter, W. M., Erieville.
Chase, D. D., Morrisville.
Chesebrough, Amos, South Brookfield.
Clarke, Silas S., DeRuyter.
Crandall, H. S., Leonardsville.
Dewey, F. E., Peterboro.
Eaton, J. R., Chittenango.
Elder, Jennie S., Canastota.
Foord, H,, Cazenovia.
Furman, Chas. L., Hamilton.
Goff, I. N., Cazenovia.
Gray, R. H., Oneida.
Greene, Carl D., Poolville.
Greenwood, L. P., Erieville.
Harris, George W., Georgetown.
Head, A. D., Eaton.
Huntley, J. F., Oneida.
Jarvis, Milton B., Canastota.
Mason, Venoni W., Canastota.
Maxson, Sands C., Leonardsville.
Miller, Edgar L., Eaton.
Mead, H. P., Morrisville.
Moore, S. P., Munnsville.
Munger, G. P., Perryville.
Perry, C. H., Oneida.
Putnam, John, Madison.
Ransom, Charles H., Erieville.
Rogers, Albert C., Brookfield.
Saunders, A. L., Brookfield.
Smith, A. D., Cazenovia.
Smith, J. W., Morrisville.
Spencer, Ira, DeRuyter.
Stevens, R. F., Canastota.
Taylor, Wm., Canastota.
Throop, J. Mott, Lebanon.
Tompkins, Amelia, Hamilton.
Ure, H. D., Wampsville.
Van Wagner, L. A., North Brookfield.
Warner, N. F., New Woodstock.
Wilcox, C. B., Earlville.

Number of Members, 46.

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# MONROE COUNTY.

## MEDICAL SOCIETY OF THE COUNTY OF MONROE.

MEETINGS—Annual, last Wednesday in May; quarterly, second Wednesday in September, December, and March.

### *Officers.* (*May* 25, 1881.)

Austin Mandeville, President.
F. G. Sherwood, Vice-President.
W. F. Sheehan, Secretary.
G. A. Wallace, Treasurer.

### *Censors.*—(*Ex-Officiis.*)

A. Mandeville, F. G. Sherwood, Wm. F. Sheehan.

### *Delegates to State Medical Society.*

J. O. Roe, C. S. Starr. J. W. Whitbeck.

### *Members.*

Backus, Azel, 26 Spring street.*
Bailey, W. C., Clifton.
Ballantine, Eveline D., 24 Marshal street.
Beach, G. L., 48 South avenue.
Behan, James, 139 West avenue.
Benford, G. T., 185 North Clinton street.
Bowen, J. C., Klink, near Monroe ave.
Bradley, Hugh, 8 Sophia street.
Braman, A. N., Brockport.
Briggs, C. M., Fairport.
Briggs, Wm. H., 75 E. Main street.
Buckley Charles, 62 E. Main street.
Burke, J. J. A., 124½ W. Main street.
Cameron, Charles McD., 50 Lake avenue.
Carpenter, A. B., Greece.
Carpenter, A. M., Greece.
Carpenter, D., Brockport.
Carpenter, P. D., Pittsford.
Carroll, George G., 8 Sophia street.
Casey, J. W., 15 Sophia street.
Clarke, Elias A., 128 State street.
Collins, T. B., 74 E. Main street.
Cowles, J. B., Fairport.
Craig, J. W., Churchville.
Daly, Thomas, 70 South Union street.
Darrow, C. E., 74 East Avenue.
Dann, A., 157 East Main street.
Davison, S. W., 110 State street.
DeVinney, C. L., 77 Monroe avenue.
Dewey, C. A., 67 Fitzhugh street.
Dolly, Sarah R. A., 30 E. Avenue.
Dunning, J. D., Webster.
Durand, T. B. V., Fairport.
Eaves, William, 9 Franklin street.
Edson, F., Scottsville.
Ely, W. S., 67 Fitzhugh street.
Farley, Porter, 62 Fitzhugh street.
Fenno, H. M., 104½ Plymouth avenue.
Forbes, Charles, 18 Fremont street.
Fuller, W. S., Fairport.
Gallery, F. B., 256 State street.
Gandy, L. T., Chili.
Gilkeson, B. F., 55 State street.
Hamilton, Frank F., 3 New York street.
Hayes, Robert T., 36 Clifton street.
Hill, J. H., Brockport.
Hillman, L. L. F. Greece.
Holman, S. A. North Parma.

* Where no town is mentioned, Rochester is to be understood.

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Hovey, B. L., 35 Fitzhugh street.
Howard, Edward, Churchville.
Howard, E. H., 3 Clarissa street.
Howard, W. R., 56 University avenue.
Howe, W. J.. Scottsville.
Jones, A. M., Charlotte.
Jones, Frank A., Charlotte.
Jones, Jonas, 116 West avenue.
Kempe, J. J., 11 Grove street.
Kinchling, L., 76 North Clinton street.
Knowlton, Myron, 56 N. St. Paul street.
Koch, Henry, 38 North St. Paul street.
Lacy, W. G., Scottsville.
Lakeman, W. H., 301 State street.
Langworthy, H. H., 79 State street.
Little, David, 82 Plymouth avenue.
Lord, M. L., Insane Asylum, Rochester.
Lung, Julius C., 7½ N. Washington st.
Mallory, M. L., 33 Fitzhugh street.
Mandeville, A., 62 East Main street.
Mandeville, F. A., 62 East Main street.
Mann, W. B., Brockport.
Mason, D. G., East Henrietta.
McKelvey, C. E., 57 State street.
Monroe, J. S., 158 East Main street.
Montgomery, H. F., 44 Spring street.
Moore, E. M., 63 South Fitzhugh street.
Moore, E. M., Jr., 63 South Fitzhugh st.
Moore, Richard Mott, 63 S. Fitzhugh st.
Morse, H. A., Clarkson.
O'Hare, T. H., 125½ State street.
Palmer, Minerva, 32 Rome street.
Padiera, G. W. H., 120 State street.
Pease, Joseph, Hamlin.
Pierce, S. A., 24 East Main street.
Pond, J. D., 136 State street.
Preston, B. I., 8 East Main street.
Preston, C. E., Penfield.
Preston, E. S., 8 East Main street.
Reynolds, R. C., Pittsford.
Rider, C. E., 60 Fitzhugh street.
Rockwell, A. S., 48 Powers block.
Roe, J. O., 17 North Clinton street.
Rogers, Obadiah, Brockport.
Searing, Anna H., 30 East avenue.
Sheehan, W. F., 45 Lake avenue.
Sherman, H. B., 135 East Main street.
Sherwood, F. G., Rush.
Shipman, D. M., 29 Fitzhugh street.
Slayton, W. C., Spencerport.
Southworth, J. W., 21 Smith's block.
Stafford, John, 1 Whalin street.
Starkey, D., Chili.
Storr, C. S., 15 East avenue.
Stoddard, E. V., 26 S. Washington st.
Swinburn, George, 12 Jay street.
Udell, P. D., Spencerport.
Wallace, G. A., 18 North Clinton street.
Watkins, Francis B., 23 East avenue.
Webb, Wm. H., 27 Asylum street.
Weigel, L. A., 69 North Clinton street.
Whitbeck, J. W., 123 East avenue.
Whitcomb, E. E., 96½ East Main street.
Wilbor, C. W., 187 North Clinton street.
Williams, H. T., 125 East avenue.
Wood, G. A., Scottsville.
Wooden, C. D., 347 State street.
Woodruff, Lettie H., 111 Plymouth ave.

Number of Members, 116.

## MONTGOMERY COUNTY.

### MONTGOMERY COUNTY MEDICAL SOCIETY.

(Organized July, 1806.)

MEETINGS—Annual, second Wednesday in June; quarterly, second Wednesday in September, December, and March; all at Fonda.

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*Officers.* (*June* 9, 1881.)

Morgan Snyder, President.
J. A. Smealy, Vice-President.
F. G. Buckbee, Secretary and Treasurer.

*Delegate to State Medical Society.*

William H. Robb.

*Members.*

Ayers, Alexander, Fort Plain.
Ayres, Douglas, Fort Plain.
Biggam, Wm. H., Charleston.
Biggam, Wm. H., Jr., Charleston.
Buckbee, I. I., Fonda.
Buckbee, F. G., Fonda.
Burton, Thompson, Fultonville.
Fairbanks, C. A., Amsterdam.
French, S. H., Amsterdam.
Graves, Ezra, Amsterdam.
Klack, C. M., St. Johnsville.
Leach, H. M., Glen.
Lewis, S. D., Amsterdam.
McMartin, Daniel M., Amsterdam.
Parr, John, Buel.
Potter, Darwin, Fort Plain.
Putnam, A., Amsterdam.
Robb, Wm. H., Amsterdam.
St. George, Lewis, Canajoharie.
Simons, F. E., Canajoharie.
Smealy, J. A., Canajoharie.
Smyth, A. V. H., Minaville.
Snell, J. G., Amsterdam.
Snyder, Morgan, Fort Plain.
Stafford, O. J., Canajoharie.
Stover, Charles, Amsterdam.
Suits, Peter Y., Tribe's Hill.
Taylor D. H., Canajoharie.
Vedder, Christian, St. Johnsville.
Wessels, S. A., Canajoharie.
White, Joseph, Canajoharie.

Number of Members, 31.

## NEW YORK COUNTY.

### MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

MEETINGS—Annual, fourth Monday in October; stated meetings, the fourth Monday in each month, (July and August excepted), at the College of Physicians and Surgeons, corner of Fourth avenue and Twenty-third street.



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*Officers.* (*October* 24, 1880.)

Alfred E. M. Purdy, President.
Frederick A. Castle, Vice-President.
Wesley M. Carpenter, Secretary.
P. Brynberg Porter, Assistant Secretary.
Orlando B. Douglas, Treasurer, *pro tem.*

## *Censors.*

David Webster, Paul F. Munde. Daniel Lewis,
Fred. R. Sturgis, Robert H. Barry.

## *Delegates to State Medical Society.*

F. H. Bosworth, L. D. Bulkley, C. S. Bull,
W. M. Carpenter, G. H. Fox, V. P. Gibney,
W. R. Gillette, A. Mc L. Hamilton, H. T. Hanks,
E. G. Janeway, L. Johnson, A. B. Judson,
D. Lewis, A. V. B. Lockrow, W. T. Lusk,
C. W. Packard, E. H. M. Sell, A. C. Post,
B. Robinson, S. Sexton, F. R. Sturgis,
R. W. Taylor, J. S. Warren, D. Webster.

## *Committee on Hygiene.*

John O. Peters, E. G. Janeway, C. E. Billington, D. B. St. John Roosa, A. B. Judson.

## *Members.*

Abbe, Robert, 32 East 20th st.*
Abbott, Frank, 22 West 40th st.
Acheson, John C., 84 Orchard st.
Ackerman, W. R., Park Avenue Hotel.
Adams, J. G., 12 West 31st street.
Adler, Isaac, 744 Lexington avenue.
Agan, David H., 363 Broome street.
Agnew, C. R., 266 Madison avenue.
Aitkin, John S., 357 West 30th street.
Alexander, W. T., 1084 Lexington ave.
Allen, Thomas H., 69 Madison avenue.
Alsdorf, John, 261 West 42d street.
Anderson, H. A. C., 175 East 85th st.
Anderson James, 30 University place.
Anderson, James H., 30 University place.
Antonini, A. D., 36 West 15th street.
Armstrong O. W., 125 West 34th street.
Arnold, E. A., 38 West 48th street.
Arnold, G. C., 115 E. 30th street.
Arnold, J. W. S., 410 East 26th street.
Asch, Morris J., 23 West 30th street.
Assenheimer, Augustus, 323 East 51st st.
Assenheimer, Henry, 333 East 82d st.
Avery, Charles H., 337 East 18th street.
Bacon, Gorham, 135 East 21st street.
Bahan, Thomas S., 235 West 14th st.
Baker, Mercy N., 303 East 18th street.
Ball, A. B., 42 West 36th st.
Balser, Henry, Jr., 606 East Ninth st.
Balser, Wm., 218 East 13th street.
Bangs, L. Bolton, 127 East 34th street.
Banks, Elbert A., 12 East 28th street.
Banks, James L., 56 Fifth avenue.
Barker, Fordyce, 24 East 38th street.

* When no town is mentioned New York is to be understood.

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Barron, John C., 17 East Washington pl.
Barry, Robert A., 233 East 13th street.
Baruch, Simon, 125 East 56th street.
Bates, Erskine S., 210 East 30th street.
Bates George F., 161 West 23d street.
Beach, Wooster, 105 East 89th street.
Beard, George M., 161 Madison avenue.
Beck, Charles T., corner 153d st. and Cortland avenue.
Beckwith, F. E., Nursery and Child's Hospital.
Bedford, Frederick, 66 Fifth avenue.
Beekman, John N., 18 East 20th street.
Bennett, F. B., 94 Suffolk street.
Bentz, George K., 91 East Third street.
Bermingham, E. J., 1260 Broadway.
Berry John J., 135 East 42d street.
Bigelow, George W.
Billings, John H., 399 Livingston ave.
Billington, C. E., 110 Madison avenue.
Birdsall, William R., 144 East 74th st.
Black, Carrie L., 111 West 47th st.
Blackwell, Emily, 53 East 20th street.
Blakeman, William N., 28 West 37th st.
Blauvelt, A., 338 West 12th street.
Bleything, George D., 135 East 78th st.
Bliss, Charles, 235 West 51st street.
Blumenthal, Mark, 53 West 42d street.
Bogert, S. S., 23 Second street.
Boldt, Herrmann J., 355 West 42d st.
Bopp, Ludwig, 39 East 7th street.
Born Rudolph O., 147 East 21st street.
Bosworth, Franche H., 26 West 46th st.
Bosley, George H., 229 West 52d st.
Bostwick, Homer, 39 East 12th st.
Bourke, Geoffrey R., 126 West Washington place.
Bowden, James W., 319 Second avenue.
Bozeman, Nathan, 296 Fifth avenue.
Bracker, Max, 70 Second avenue.
Bradley, Edward, 16 West 23d st.
Bradshaw, Laban L., 164 East 74th st.
Brailly, Alfred V., 31 West 32d st.
Brailly, Cosmo, 31 West 32d st.
Brandeis, Richard C., 131 West 34th st.
Brandis, Adolph C., 29 Market st.
Brandis, Herman M., 81 Barrow st.
Branth, John H., 434 West 51st st.
Breakell, James A., 335 West 24th st.
Brekes, David, 259 East 10th st.
Bremon, L. de, 78 West 11th st.
Brennan, John W., 143 Lexington ave.
Briddon, Charles K., 67 West 23d st.
Brockway, A. N., 44 East 126th st.
Bronson, Edward B., 123 West 34th st.
Brown, Charles H., 62 West 19th st.
Brown, Edward P., 1052 Second avenue.
Bruce, Charles E., 218 East 35th st.
Bryant, Joseph D., 68 West 35th st.
Buchanan, Alex., 355 West 30th st.
Buchler, Augustus F., 380 West 32d st.
Buchler, Charles W., 380 West 32d st.
Buck, Albert H., 109 Madison avenue.
Buck, Francis D., 43 West 29th st.
Bulkley, Lucius D., 1 East 33d st.
Bull Charles S., 47 East 23d st.
Bull, George W., 49 East 61st st.
Bull Wm. T., 2 East 33d st.
Bullard Wm. E., 45 East 30th st.
Bullard, Wm. M., 302 Madison avenue.
Burch T. Hamilton, 19 West 42d st.
Burchard, Thomas H., 24 West 40th st.
Burke, Michael J., 237 East 10th st.
Burr, Buchanan, 264 West 38th st.
Burrall, Fred. A., 48 West 17th st.
Burrian, J. J., 217 East 10th st.
Burt, Stephen S., Park Avenue Hotel.
Busche, Thos. W., 108 Rivington st.
Butler, George H., 42 East 66th st.
Buttles, Marvin S., 20 East 28th st.
Byrne, James Peter, 158 East 26th st.
Caille, Aug. G., 303 Broome st.
Caldwell, R. A., 318 Madison avenue.
Callan, Peter A., 159 West 34th st.
Cameron, Edward M., 47 West 26th st.
Campbell, Gawn, 422 West 44th st.
Campbell, John L., 259 West 42d st.
Campbell, Robert, 430 West 35th st.
Cardner, Iretus G., 110 Lexington ave.
Carey, George F., 210 East 17th st.
Carman, A. R., 104 East 127th st.
Carpenter, Wesley M., 123 East 25th st.
Carr, David C., 73 West 126th st.
Carradine, James S., 58 West 19th st.
Carreau, J. S., 135 Macdougal st.
Carter, H. Skelton, 126 East 24th st.
Castle, Fred. A., 102 East 57th st.
Chadsey, Alonzo G., 170 Spring st.
Chadsey, Alonzo J., 170 Spring st.
Chalmers, Thomas C., 25 West 17th st.
Chamberlain, Geo. W., 153 East 39th st.
Chamberlain, William M., 68 W. 40th st.

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Chambers, Porter F., 596 Lexington ave.
Chauveau, J. F., 6 Ludlow place.
Cheeseman, Hobart, 244 West 56th st.
Cheesman, T. M., 17 West 18th st.
Chrystie, Thomas M. L., 67 East 52d st.
Church Allen S., 238 West 45th st.
Cisneros, Juan, 311 West 33d st.
Clark, David B., 165 West 34th st.
Clark, John Seymour, ——— ——.
Clark, Stephen J., 145 West 12th st.
Clements, James W. G., 64 West 56th st.
Cleveland, Clement, 59 West 38th st.
Clymer, Meredith, 65 West 38th st.
Coan, T. Munson, 110 East 56th st.
Cock, Thomas F., 14 East 40th st.
Cole, Palmer C., 254 West 42d st.
Comfort, J. H., 253 West 20th st.
Comstock, David C., 83 Lexington ave.
Conover, Williams S., 149 Lexington av.
Conrad, Harry B., 53 Lexington ave.
Conrad, Lewis, 43 East 19th st.
Coon, Sarah A., 167 West 23d st.
Cooper, Henry C., 410 East 26th st.
Corning, J. L., 142 East 32d st.
Cosby, John B., 310 West 48th st.
Cosine, Garrett, 52 East 128th st.
Coughlin, Jeremiah, 205 Henry st.
Crampton, Henry E., 221 Second ave.
Crane, John J., 31 West 21st st.
Crane Joseph S., 41 West 45th st.
Cremin, P. W., 846 Lexington avenue.
Criado, Louis P., 121 East 35th st.
Cross, Thad. M. B., 58 Lexington ave.
Curtis, Edward, 27 Washington place.
Curtis, John G., 127 East 35th st.
Cushier, Elizabeth M., 5 Livingston pl.
Cushman, William F., 325 West 22d st.
Cypert, John R., 656 Lexington ave.
Dalrymple, Aaron P., 337 West 35th st.
Dalton, John C., 43 West 48 st.
Damainville, L., 245 West 52d st.
Dana, Alfred S., 69 Washington place.
Dana, Charles L., 62 West 46th st.
Dana, Samuel W., 50 West 28th st.
Dastler, Francis, 368 West 46th st.
Davis, Albert A., 119 East 62d st.
Dawson, Benjamin F., 8 East 15th st.
Day, W. DeF., 56 East 34th st.
De Garmo, Wm. B., 116 East 30th st.
De Luna, A. B., 368 West 32d st.
De Rosset, M. J., ——— ———.
De Wolfe, Stephen, 138 West 37th st.
Deems, Frank M., 429 West 22d st.
Delafield, Francis, 12 West 32d st.
Delavan, D. Bryson, 59 West 38th st.
Denison, Ellery, 124 West 13th st.
Dennis, Fred. S., 21 East 21st st.
Denslow, LeGrand N., 266 West 23d st.
Derby, Richard H., 12 West 35th st.
Dessau, S. Henry, 75 West 55th st.
Desvernine, Charles M., ——— ——.
Detmold, William, 38 East 9th st.
Dexter, B. F., 130 West 43d st.
Dew, J. Harvie, 263 West 54th st.
Dieffenbach, Richard G. L., 224 E. 48th st.
Dixon, George Arthur, 47 East 25th st.
Doepfner, Julius, 657 Lexington ave.
Donlin, Philip E., 129 West Houston st.
Donnelly, M., 354 West 30th st.
Doran, John, 206 East 82d st.
Dorn, John H., 175 Bleecker st.
Douglas, J. H., 48 East 26th st.
Douglas Orlando B., 123 East 36th st.
Draper, Wm. H., 4 East 37th st.
DuBerceau, Arthur, 238 West 25th st.
Dubois, Abram, 16 West 30th st.
Dubois, Coert, 50 West 33d st.
Dubois, Matthew B., 539 Livingston ave.
Dumond, C. J., 358 West 42d st.
Dunphy, John F., 194 Second avenue.
Dunton, Milo M., 37 Seventh st.
Durant, Ghislani, 46 West 32d st.
Dwinelle, W. H., 27 West 34th st.
Dwyer, John, 224 East 112th st.
Early, Maurice B., 90 Macdougal st.
Edebohs, George M., 233 East 10th st.
Edel, Carl, 386 Broome st.
Eden, John H., Fordham, N. Y.
Eisler, Morris, 222 East 13th st.
Eliot, Ellsworth, 48 West 36th st.
Elliot, Frederic, 208 West 34th st.
Elliott, H. T., 505 Hudson st.
Ellison, C. Ruxton, 215 East 112th st.
Elsberg, Louis, 614 Fifth avenue.
Ely, Edward T., 20 East 30th st.
Emerson, J. H., 81 Madison avenue.
Emmet, Bache McE., 18 East 30th st.
Emmet, Thomas A., 89 Madison ave.
Eno, Henry C., 58 East 25th st.
Evans, George A., 60 Morton st.
Ewing, W. A., 205 West 56 st.

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Fairbrother, C. M., 214 East 79th st.
Farnham, Horace P., 36 West 40th st.
Farries, Robert, 223 East 79th st.
Farrington, Joseph O., 127 East 127th st.
Farrington, Wm. H., Astor House.
Feigenblatt, L., 232 Seventh st.
Feinberg, Schema, 183 East 79th st.
Ferdinand, John E., 230 West 125 st.
Ferguson James F., 113 East 31st st.
Ferrer, Jose M., 214 East 50th st.
Fetter, David F., 262 West 34th st.
Field Matthew D., 14 West 28th st.
Finnell, Thomas C., 132 W. Houston st.
Fischer, Chas. Sebastian Jr., 310 West 29th st.
Fischer Frederick L., 97 Allen st.
Fisher, Lewis, 14 West 29th st.
Fitch, Thomas S. P., 255 West 23d st.
Fleming, Martin J., 134 Lexington ave.
Fleming, Walter M,, 64 West 36th st.
Flies, Emil, 570 Lexington avenue.
Flinn, Thos. W. P., 137 East 28th st.
Flint, Austin, 418 Fifth avenue.
Flint, Austin, Jr., 14 West 33d st.
Flint, Wm. H., 161 East 34th st.
Fluhrer, Wm. F., 60 West 50th st.
Flynn, James W., 246 East 74th st.
Ford, James C., 233 East 104th st.
Ford, Thomas J. I., 452 West 51st st.
Forrester, James C., 202 Bleecker st.
Foster, Frank P., 33 East 28th st.
Foster, Joel, 265 Fourth avenue.
Foster, Simeon A., 218 East 39 st.
Fowler, George B., 11 West 45th st.
Fox, George H., 18 East 31st st.
Frankel, Edward, 217 East 17th st.
Frankl, J. Wilhelm, 242 East 60th st.
Frauenstein, Gustav, 359 West 15th st.
Frazer, John G,, 321 West 35th st.
Freeman, N. M., 222 East 87th st.
French, Anne D., 3 East 14th st.
Friedrich, James, 322½ East 50th st.
Froehlich, David, 221 East 48th st.
Frothingham, Wm., St. Nicholas avenue corner 157th st.
Fruitnight, J. Henry, 259 West 54th st.
Fuller, Robert M., 136 West 42d st.
Gage, Reuel S., 400 West 22d st.
Garrigues, Henry J., 137 West 22d st.
Garrish, John P., 66 West 46th st.
Gay, Harvey S., 49 West 12th st.
Gerster, Arpad G., 42 Stuyvesant st.
Gibney, Virgil P., 135 East 42d st.
Gibson, Robert P., 1244 Broadway.
Gilchrist, W. N., Windsor Hotel, Fifth avenue.
Gillette, Walter R., 149 West 23d st.
Gilliam, William C., 14 Fifth avenue.
Glover, John J., 40 East 63d st.
Gluck, Samuel, 173 East 60th st.
Goelet, A. H., 203 West 52d st.
Goertz, Wolfgang, 223 First avenue.
Goldberg, P. F., 166 East 74th st.
Golding, J. Fred., 274 West 11th st.
Goldman, Henry, 317 East 52d st.
Goldschmiedt, L., 13 Chatham st.
Goldthwaite, Henry, Fifth Avenue Hotel.
Gomez, Horatio, 30 West 59th st.
Goodwillie, D. H., 160 West 34th st.
Gouley, John W. S., 311 Madison avenue.
Grant, Gabriel, 22 East 30th st.
Green, John V. B., 73 West 12th st.
Greene, John W., 145 West 41st st.
Greenhough, Charles H., 337 East 58th st.
Griswold, Henry, 356 West 30th st.
Gruening, Emil, 109 East 23d st.
Guden, William, 307 East 10th st.
Guleke, Herman F., 55 West 35th st.
Gunning, Joseph H., 24 East 65th st.
Gutmann, Edward, 120 East 58th st.
Haasre, Charles F. W., 245 East 13th st.
Habirshaw, John, 101 West 47th st.
Hackley, Charles E., 68 West 36th st.
Hadden, Alexander, 155 East 51st st.
Hall, Edwards, 17 East 66th st.
Hall, William H., 129 East 54th st.
Halsted, Geo. Stewart, 47 East 25th st.
Hamilton, Allan McL., 43 East 33d st.
Hamilton, Frank H., 43 West 32d st.
Hammond, William A., 43 West 54th st.
Handerson, Henry E., 784 Lexington av.
Hanks, Horace T., 55 East 59th st.
Hardy, William L., 336 West 27th st.
Harris, Elisha, 65 Bible House, Astor pl.
Harrison, George T., 221 West 23d st.
Hart, George, 59 West 35th st.
Harwood, Edward C., 44 West 49th st.
Hassloch, William, 220 East 49th st.
Hawes, Walker A., 221 East 62d st.
Haynes, W. H., 102 Columbia st.
Healey, Thomas F., 333 West 23d st.
Heath, Allen S., 945 Lexington avenue.

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Hedges, David A., 26 West 46th st.
Heitzman, Charles, 37 West 45th st.
Henna, J. Julio, 112 East 24th st.
Henriques, A. J., 114 West 49th st.
Henry, M. H., 427 Fifth avenue.
Henschel, Edward K., 126 West 42d st.
Herrmann, August, 341 East 49th st.
Herrick, Everett, 126 Madison avenue.
Hickok, George B., 123 East 10th st.
Hills, John M., 438 Madison avenue.
Hilton, Joseph, 178 Henry st.
Hinton, John H., 41 West 32d st.
Hitchcock, Charles, 61 West 36th st.
Hitchcock, Urban G., 51 West 29th st.
Hodgman, Abbott, 141 East 38th st.
Hoeber, Emil W., 365 West 32d st.
Hoffman, Julius L., 80 Seventh st.
Hoag, Pierre C., 134 East 24th st.
Hochheimer, Emil, 207 East 57th st.
Hogan, Michael, 119 East 12th st.
Holgate, Thomas H., 149 West 14th st.
Holmes, George W., 367 Broome st.
Holmes, John F., 165th st., (Morrisania).
Hope, George B., 13 Park avenue.
Horton, Lewis S., 140 West 23d st.
Howe Jos. W., 38 West 24th st.
Howland, Henry H., 106 West 34th st.
Hubbard, S. T., 27 West Ninth st.
Hubbard, William B., 38 East 29th st.
Hudson, E. Darwin, Jr., 227 West 22d st.
Hugart, Alexander, 354 West 42d st.
Hull, Jos. J., 158 West 34th st.
Humphreys, Geo. H., 23 East 47th st.
Hund F. J., 34 New Chambers st.
Hunter S., 32 East 29th st.
Hunter, James B., 2 East 33d st.
Hunter, Wm. C., 255 Sixth avenue.
Hupfeld, Julius W., 143 st., cor. Willis ave.
Hurdsfield, John, 326 West 34th st.
Hustace, Francis, 413 Madison avenue.
Husted, Jarvis N., 186 East Broadway.
Husted N. C., 361 West 42d st.
Hyde, Fred. E., 20 West 53d st.
Imperatori, Carlo, 505 Pearl st.
Isham, John B., 44 West 24th st.
Jackson, Geo. F., cor. St. Nicholas ave. and 156th st.
Jackson, G. F., Jr., 138 East 26th st.
Jackson, Wm. H., 56 West 23d st.
Jackson, W. W., Willis ave. cor. 139th st.
Jacobi, Abraham, 110 West 34th st.
Jacobi, Mary Putnam, 110 West 34th st.
Jacobus, A. M., 212 West 53d st.
Jacoby, George W., 35 West 52d st.
Janes, Edward H., 208 West 42d st.
Janeway, Ed. G., 51 East 25th st.
Janvrin, Jos. E., 191 Madison avenue.
Jarvis, Wm. C., 123 East 25th st.
Jay, John C., Jr., 17 West 46th st.
Johnson, Laurence, 323 West 27th st.
Johnson, Woolsey, 230 West 43d st.
Johnston, George W., 70 Rivington st.
Jones, A. S., 43 West 36th st.
Jones, Israel C., Fordham.
Jones, S. B., 294 Fifth avenue.
Jones, S. Seabury, 809 Lexington ave.
Jones, Wm. W., 51 West 28th st.
Joy, Henry DeW., 38 Union square.
Joyce, Robert A., Washington ave., near Fitch st., Tremont, N. Y.
Joyce, T. F., 211 East 31st st.
Judson, A. B., 129 East 17th st.
Judson, Edward A., 473 Hudson st.
Kalish, Richard, 51 West 36th st.
Kantrovitz, Adolph, 118 Rivington st.
Katzenbach, W. H., 72 West 45th st.
Keeney, Burtis M., 53 Seventh avenue.
Kellogg, John M., 543 Fifth avenue.
Kellogg, Theodore H., 29 West 36th st.
Kelsey, Charles B., 48 East 30th st.
Kemp, William M., 267 West 23d st.
Kennedy, James, 417 West 51st st.
Kennedy, John T., 107 East 29th st.
Kessler, Adolph, 644 Lexington avenue.
Keune, Theodore, 224 East 119th st.
Keyes, Edward L., 1 Park avenue.
Kiernan, J. G., 144 Second avenue.
Kinch, Chas. A., 256 West 54th st.
King, D. F., 239 East 52d st.
Kip, Isaac L., 448 Fifth avenue.
Klotz, Hermann G., 222 East 19th st.
Knapp, Herman, 25 West 24th st.
Knapp, John Beach, 103 West 45th st.
Knight, Charles H., 121 West 34th st.
Knight, James, 135 East 42d st.
Koehler, August, 309 East 19th st.
Krehbiel, Augustus, 64 Seventh st.
Kreizer, Charles P., 340 West 40th st.
Kremer, Carl F., 94 Second avenue.
Krog, Carl A. T., 328 East Fourth st.
Krollpfeiffer, Henry, 77 Seventh st.

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Kudlich, Herman F., 137 West 10th st.
Lahey, C. J., 7 Prince st.
Laight, Charles, in Europe.
Lambert, Edward W., 2 East 37th st.
Lange, Fred, 22 East 41st st.
Langmann, Gustav, 151 West 43d st.
Lawrence, Jonathan S., 56 West 35th st.
Lawson, F. B., 63 West 38th st.
Lay, J. C., 59 West 49th st.
Leale, Charles A., 745 Fifth avenue.
Leaming, James R., 160 West 23d st.
Leavitt, D. F., 149 East 51st st.
Lee, Charles C., 79 Madison avenue.
Lees, Thomas McC., 53 West 26th st.
Lefferts, George M., 6 West 33d st.
Leggett, Ellen C., 354 West 23d st.
Leo, S. N., 103 West 55th st.
Leveridge, John H., 227 Henry st.
Levings, Noah C., 45 West Ninth st.
Lewis, Daniel, 147 East 45th st.
Liautard, Alex F., 141 West 54th st.
Liebenau, Charles, Morrisania.
Limpert, Ludwig G., 257 West 38th st.
Lincoln, Rufus P., 22 West 31st st.
Lindsay, William F., 139 West 41st st.
Linsly, Jared, 22 Lafayette place.
Little, James L., 60 West 40th st.
Livermore, Frank, 214 West 45th st.
Livingston, W. C.. 357 West 30th st.
Lockrow, Arthur V. B., 709 Madison. avenue
Lockwood, C. E., 66 West 36th st.
Logue, Daniel C., 225 West 34th st.
Long, Lawson O., 52 West 24th st.
Loomis, Alfred L., 31 West 34th st.
Lordly, J. E. M., 226 West 38th st.
Loring, Celestia A., 103 West 38th st.
Loring, E. G., 128 Madison avenue.
Loughlin, Thomas J., 101 East 23d st.
Low, James Henry, 101 East 65th st.
Lowenthal, Herman, 239 East 30th st.
Lusk, Wm. E., 47 East 34th st.
Lutkens, Octavio A., 139 Attorney st.
Lynch, P. J., 216 East 13th st
Lyon, E. K., 312 Second avenue.
Lyons, Frederick A., 244 West 49th st.
Lyons, T. D., 106 East 52d st.
McBride, Thomas A., 47 East 25th st.
McBurney, Charles, 40 West 36th st.
McCready, Benj. W., 43 East 23d st.
McCreery, John A., 356 Lexington ave.
McDonald, W. H., 31 East 22d st.
McDonnell, Patrick W., 148 East 44th st.
McGay, R. J., 160 West 34th st.
McIntyre, B. C., 229 West Fourth st.
McKay, R. J., 107 West 22d st.
McKim, William D., —— ——
McLaury, Wm. M., 244 West 42d st.
McLean, Malcolm, 304 East 120th st.
McMaster, N. G., 322 East 15th st.
McNeilly, Robt., 313 West 19th st.
McNutt, Sarah J., 238 East 13th st.
McQuesten, C. B., 784 Lexington avenue
McSweeney, Daniel E., 129 East 29th st.
Macdonald, A. E., N. Y. Asylum for Insane, Ward's Island.
Macgregor, James R., 153 East 83d st.
Mackenzie, Colin, 121 West 34th st.
Maclennan, K. F., 126 West 22d st.
Magie, David, 32 West 48th st.
Markoe, T. M., 20 West 30th st.
Marsh, Edward T. T., 111 Madison ave.
Mason, Erskine, 113 West 44th st.
Mason, R. Osgood, 64 West 20th st.
Matthews, David, 206 West 15th st.
Maxwell, E. A., 207 East 50th st.
Maxwell, Wm. H., 28 East 38th st.
Mayer, Abraham, 245 East 48th st.
Mayer, Emil, 33 Rivington st.
Messemer, E. J., 144 Second avenue.
Messemer, M. J., 144 Second avenue.
Messenger, John, 75 West 47th st.
Metcalfe, John T., 18 West 30th st.
Meylert, Asa P., 61 Lexington avenue.
Milhau, John J., 41 Lafayette place.
Miller, Thomas S. P., 118 West 26th st.
Milne, Charles, 124 East 45th st.
Minor James L., 233 Madison avenue.
Mitchell, Geo. H., 139 East 17th st.
Mitchels, James, 212 East 52d st.
Mittendorf, Wm. F., 123 East 25th st.
Moeller, Henry, 240 West 38th st.
Mohn, Charles E., 55 East 4th st.
Mollenhauer, Richard, 309 East 19th st.
Molony, Augustus A., 262 West 42d st.
Monell, Jos. A., 236 West 22d st.
Moore, William O., 133 East 138th st.
Moorhead, James, 239 East 34th st.
Moorhead, Joseph, 301 East 19th st.
Morrill, J. L., 201 East 72d st.
Morris Robert S., 146 East 71st st.

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Morris, S. F., 168 Lexington avenue.
Morrow, P. Albert, 13 East 41st st.
Morse, William H., 153 East 77th st.
Morton Jeremiah C., 266 West 24th st.
Morton, W. J., 15 East 45th st.
Moseley, N. R., 53 West 36th st.
Moser, G. J., 369 East 10th st.
Mott, J. Varnum, 6 East 126th st.
Mourraille, Gustave, 74 West 12th st.
Mullen, T. P., 203 East 72d st.
Müller, Richard W., 116 Second st.
Murray, Robert A., 235 West 23d st.
Mundé, Paul F., 20 West 45th st.
Nagle, John T., 19 West 12th st.
Nammack, Charles E., 29 Rutgers st.
Naylor, Wm. Hamilton, 248 West 44th st.
Needham George G., 218 East 19th st.
Neftel, Wm. B., 16 East 48th st.
Neil, James, 1712 Madison avenue.
Newcomb, Albert S., 219 West 42d st.
Newcomb, Gilbert L., 66 Lexington ave.
Newman, Robert, 119 West 47th st.
Newman, Wm., 296 East Broadway.
Nichols, Chas. H., Bloomingdale Asylum.
Nichols, Truman, 267 East Broadway.
Nicoll, Henry D., 7 West 39th st.
Noble, John G., 265 West 25th st.
Noeggerath, Emil, 42 West 35th st.
Nordeman, Felix, 242 East 12th st.
Noyes, Henry D., 233 Madison ave.
O'Donnell, Wm. 367 East 123d st.
O'Dwyer, Joseph, 858 Lexington ave.
O'Reilly, James, 303 West 42d st.
O'Sullivan, R. J., 179 East 70th st.
Oberndorfer, Isidor P., 958 Lexington ave
Oppenheimer, H. S., 189 Second avenue.
Osborn, John, 259 West 34th st.
Otis, Fessenden N., 108 West 34th st.
Packard, Charles W., 937 Fourth ave.
Page, R. C. M., 31 West 33d st.
Paine Horatio, Roosevelt Hospital.
Pallen, Montrose A., 118 Madison ave.
Pardee, Charles Inslee, 72 West 35th st.
Pardee, Edward L., 72 West 35th st.
Parker, Willard, 41 East 12th st.
Parsons, John, Kingsbridge, N. Y.
Parsons, Ralph L., 45 East 23d st.
Parsons, Stoyell C., 206 Henry st.
Partridge, Edward L., 13 West 9th st.
Passmore, Edward C., 226 East 49th st.
Peabody, George L., 57 West 38th st.
Peaslee, Edward H., 29 Madison avenue.
Peck, Edward Sprague, 35 West 38th st.
Pierce, Henry T., 237 East 116th st.
Percy, Samuel R., 47 West 38th st.
Perham D. W., 586 Lexington avenue.
Perry, Alexander, 136 West 44th st.
Perry, John G., 113 Madison avenue.
Peters, George A., 12 West 29th st.
Peters, John C., 83 Madison avenue.
Petzold, Edward, 237 East 53d street.
Phillips, James, 248 West 54th st.
Piffard, Henry G., 10 West 35th st.
Pinkney, Howard, 24 East 41st st.
Pinner, Francis, 73 Rivington st.
Place, Nelson Jr., 307 East Broadway.
Plasse Louis de, 78 West 12th st.
Polk, William M., 13 East 34th st.
Pomeroy, Oren D., 316 Lexington ave.
Pooley, Thomas R., 106 West 34th st.
Poore, Charles T., 427 Fourth avenue.
Porter, P. Brynberg, 22 West 31st st.
Porter, William, 162 st. and 10th ave.
Post, Alfred C., 291 Madison avenue.
Pramann, Adolf, 164 East 81st st.
Pratt, H. R., Boston Road, West Farms.
Pray, Isaiah F., 32 West 33d st.
Prentiss, Robert S., 275 East Broadway.
Prescott, Royal B., 50 West 28th st.
Prince, Christopher, 28 West 30th st.
Pulling, Ezra R., 368 Broome st.
Purcell, William J., 123 East 63d st.
Purdy, Alfred E. M., 288 Madison ave.
Purdy, Alfred S., 288 Madison avenue.
Purdy, Samuel A., 51 West 50th st.
Putzel, Leopold, 252 East 48th st.
Quackenbos, Henry F., 39 West 18th st.
Raborg, Samuel A., 36 West 50th st.
Rade, Louis E., 205 East 50th st.
Raefle, M. G., 31 East 62d st.
Ramsdell, E. D., 158 East 33d st.
Ranney, Ambrose L., 156 Madison ave.
Ranney, J. W., 17 East 46th st.
Raphael, Henry, 236 East 51st st.
Rawson, E. G., 4 Lexington ave.
Read, Ira B., 18 East 126 st.
Reid, Kenneth, 30 West 25th st.
Reid, John J., 858 Lexington ave.
Reynolds, James B., 29 West 14th st.
Richards, Huntington, 156 West 58d st.
Richardson, Haynes L., 20 West Washington place.

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Richardson, Waldo H., 20 West Washington place.
Ridlon, John F., St. Nicholas avenue and 157th st.
Rieffel, Oscar A., 63 East Third st.
Riegel, George, 568 Broome st.
Ripley, John H., 605 Lexington avenue.
Robbins, Henry A., 42 West 26th st.
Roberts, M. Josiah, 4 West 28th st.
Roberts, Nathan S., 218 East Broadway.
Roberts, S. M., 51 West 37th street.
Robie, John W., 163 East 49th st.
Robinson, Andrew R., 356 West 42d st.
Robinson, Beverly, 37 West 35th st.
Robinson, Fred. C., 54 North Moore st.
Rockwell, A. D., 46 East 31st st.
Rodenstein, Louis A., St. Nicholas avenue and 155th st.
Roediger, T. F. M., 312 West 35th st.
Rogers, William, 350 East 13th st.
Rogers, Wm. H., 318 West 15th st.
Roof, Stephen W., 304 West 12th st.
Roosa, D. B. St. John, 20 East 30th st.
Rosenberg, Emil, 783 Lexington avenue.
Ross, James, 303 West 4th st.
Roth, Charles, 233 East 58th st.
Rowe, Alvah, 410 West 34th st.
Rudisch, J., 117th East 59th st.
Ruhl, Henry, Washington avenue, near 166th st.
Russell, C. P., 301 Mott st.
Sabine, Gustavus A., 46 West 23d st.
Sabine, Thomas T., 46 West 23d st.
Sanders, Charles W., 73 East 53d st.
Sands, Henry B., 35 West 33d st.
Sass, Luis F., 73 West 36th st.
Satterlee, F. LeRoy, 158 Madison ave.
Satterthwaite, Thomas E., 50 East 31st street.
Saunders, R. H., 127 East 60th st.
Sayre, Lewis A., 285 Fifth avenue.
Sayre, Lewis Hall, 285 Fifth avenue.
Scharlau, Barnim, 111 East 23d st.
Scheider, Julius, 241 Seventh st.
Schnetter, Joseph, 18 West 38th st.
Schoenemann, Chas. P. R., 339 Lexington avenue.
Schoeney, Lazarus, 170 East 71st st.
Schoonover, Warren, 682 Lexington ave.
Schuett, Albert, 221 East 13th st.
Schultze, Louis F., 102 East 35th st.
Schuyler, Wm. D., 52d street and Broadway.
Schwedler, Edward F., 155 West 34th st.
Schweig, Geo. M., 322 East 52d st.
Scott, George, 111 East 62d st.
Sears, H. Thatcher, 257 West 52d st.
Segnitz, Bernard, 207 West 45th st.
Seguin E. C., 41 West 20th st.
Seibert, G. Augustus, 41 Seventh st.
Sell, E. H. M., 51 West 35th st.
Sewell, Walter D., 320 Lexington ave.
Sexton, Samuel, 12 West 35th st.
Shaffer, Newton M., 31 West 36th st.
Shaw, Eben S. D., 205 East 39th st.
Shrady, George F., 247 Lexington ave.
Shrady, John, 1974 Madison avenue.
Silver Henry M., 8 East Third st.
Simmons, Chas. E., 742 Lexington ave.
Simrock, Francis, 64 East 12th st.
Simrock, Joseph, 64 East 12th st.
Sims, H. Marion, 267 Madison avenue.
Sims, J. Marion, 267 Madison avenue.
Skiff, Geo. V., 171 West 45th st.
Smith, A. A., 85 Madison avenue.
Smith, Andrew H., 22 East 42d st.
Smith, Charles J., 208 East 110th st.
Smith, E. S., in Europe.
Smith, G. M., 14 East 17th st.
Smith, James O., 81 Clinton place.
Smith, J. Lewis, 227 West 49th st.
Smith, O. G., 57 West 10th st.
Smith, Reuben, 305 East 18th st.
Smith, Stephen, 31 West 42d st.
Smith, S. Hanbury, 33 Union square.
Smith, Samuel W., 40 West 25th st.
Spann, J. H., 14 Fifth avenue.
Spannhake, Louis, 14 West 16th st.
Spalding, G. A., 3 East 125th st.
Spitzka, E. C., 130 East 50th st.
Sprague, W. W., 149 East 90th st.
Sproat, Louis D., 33 City Hall place.
Stacey, R. Q., 1023 Lexington avenue.
Steele, Theophilus, 152 West 49th st.
Stein, Alex. W., 30 West 15th st.
Stein, Charles, 296 Broome st.
Steinach, A., 122 Allen st.
Stephens, F. P., 4 Lexington avenue.
Stern, Lassar, 172 East 60th st.
Steurer, J. A., 233 West 22d st.
Stewart, Robert, 221 West 42d st.
Stiebling, Geo. C., 45 St. Mark's place.



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Stillman, Chas. F., 104 West 34th st.
Stimson, Daniel M., 9 East 13th st.
Stimson, Lewis A., 37 East 33d st.
Strachan, A. Russell, 66 Madison ave.
Straus, Ludwig, 211 East 13th st.
Strew, William W., 213 East 77th st.
Studley, Wm. H., 160 East 83d st.
Sturgis, Frederic R., 16 West 33d st.
Sussdorff, Gustavus E., 1 West 24th st.
Swasey, John H., 79 Madison st.
Swezey, Gilbert H., 141 East 63d st.
Swift, Wm. Jonathan, 14 East 31st st.
Talson, George W., 19 Charles st.
Tauzsky, Rudolph, 211 East 77th st.
Taylor, Charles F.. 100 West 53d st.
Taylor, Clarence O., 1449 Lexington ave.
Taylor, Isaac E., 7 East 36th st.
Taylor, James B., 84 Orchard st.
Taylor, James R., 234 East 12th st.
Taylor, Robert W., 42 West 21st st.
Teller, Seligman, 306 West 32d st.
Terry, Stanley D., 14 West 34th st.
Thomas, J. Clarke, 107 West 47th st.
Thomas, T. Gaillard, 294 Fifth avenue.
Thompson, Beverhout, 251 West 52d st.
Thoms, Wm. F., 92 Madison st.
Thomson, Wm. H., 111 West 43d st.
Thurman, Wm. 517 Madison avenue.
Tomlinson, Joseph, 72 Madison avenue.
Tuck, Henry, 116 East 72d st.
Tucker, Carlos P., 43 West 26th st.
Tully, Marcus E., 118 East 19th st.
Tuthill, Theo. K., 319 West 18th st.
Tuttle, George M., New York Hospital.
Tyndale, Julius H., 110 Rivington st.
Valentine, Samuel M., 177 Madison ave.
Valentine, Wm. A., 50 West 32d st.
Valk, Francis, 233 East 35th st.
Van Arsdale, Henry, 53 East 7th st.
Van Buren, Wm. H., 1 Park avenue.
Van Denburg, Morris W., 2006 Fifth ave.
Van Doren, Matt. D., 274 Fifth ave.
Van Keuren, C., 53 Jane st.
Van Santvoord, Richard, 26 E. 125th st.
Van Wyck, Wm. H., 268 West 38th st.
Vandervoort, John L., 173 West 11th st.
Varley, C. Dixon, 348 West 22d st.
Vedder, Maus R., 690 Madison ave.
Vermilye, W. H., 225 East 19th st.
Viele, Augustus, 579 Lexington ave.
Vosburgh, Benjamin F., 257 W. 11th st.
Wade, Chas. Henry, 343 West 19th st.
Wagner, Clinton, 35 West 38th st.
Waitzfelder, Edward, 340 West 27th st.
Walker, Henry F., 294 Fifth avenue.
Wallace, W. B., 145 East 48th st.
Walsh, Simon J., 36 Mott st.
Walton, Louis P., 102 West 34th st.
Ward, Charles S., 18 West 30th st.
Ward, Edwin F., 200 West 38th st.
Ward, G. Whitfield, 339 West 23d st.
Ward, James E., 35 West 62d st.
Ward, Owen J., 272 East Broadway.
Warden, Albert W., 41 West 9th st.
Warner, E. B., 48 Sixth avenue.
Warner, John W., 82 Lexington ave.
Warren, John S., 204 West 38th st.
Warth, John W., 84 Rivington st.
Waterman, Sigismund, 103 West 49th st.
Watson, Wm. S., 105 West 47th st.
Wattles, Mary A., 238 East 13th st.
Watts, Robert, 49 West 36th st.
Webb, Z. Swift, 225 West 22d st.
Weber, Leonard, 186 West 34th st.
Webster, David, 266 Madison avenue.
Weir, Robert F., 37 West 33d st.
Weisse, Faneuil D., 61 West 22d st.
Weld, Francis M., 11 East 13th st.
Wells, George W., 144 Broadway.
Wells, Ovid P., 318 West 20th street.
Wendt, E. C., 414 East 51st st.
Westcott, Nelson S., 360 Bleecker st.
Weston, Wm. Henry, 406 West 22d st.
Wheeler, E. D., Union League Club.
Wheelock, George G., 75 Park avenue.
Wheelock, W. E., 13 West 48th st.
White, Francis V., 222 East 31st st.
White, J. Blake, 709 Madison avenue.
White, John P. P., 31 West 21st st.
White, Octavius A., 222 Second avenue.
White, Whitman V., 1321 Park avenue.
White, Wm. T., 130 East 30th st.
Whybrew, Charles T., 413 West 21st st.
Wiener, Joseph, 102 East 61st st.
Wiggin, F. H., 118 East 73d st.
Williams, Cornelius, 23 Park avenue.
Williams, E. P., 25 Beekman place.
Williams, Mark H., 257 West 11th st.
Wilson, Benj. F., 1265 Fourth avenue.
Wilson, J. L., 361 West 43d st.
Winston, G. S., 34 East 32d st.
Witthaus, Rudolph A., 766 Madison ave.

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Wood, Charles S., 171 West 47th st.
Wood, James R., 80 Irving place.
Woodbridge, Luther B., 24 West 40th st.
Woodbury, Edward C., 233 West 48th st.
Woolley, James V. S., 53 East 79th st.
Wright, Charles, 3 East 41st st.
Wright, J. Williston, 53 West 19th st.
Wyckoff, Peter B., 12 West 36th st.
Wyckoff, Samuel S., 134 West 15th st.
Wyeth, John A., 44 West 27th st.
Wylie, W. Gill, 40 West 40th st.
Wynkoop, Gerardus H., 5 East 13th st.
Yale, Leroy M., 438 Madison ave.
Zemansky, Abraham P., 100 East 57th st.
Zinsser, Frederick, 47 West 28th st.

Number of Members, 845.

## NEW YORK ACADEMY OF MEDICINE.

(Instituted, 1847. Incorporated, 1851.)

12 West Thirty-first Street.

Regular meetings first and third Thursday evenings in the month; Election of officers, first Thursday in January.

*Officers.* (*January* 6, 1881.)

Fordyce Barker, President.

James R. Leaming,
Frank H. Hamilton,
Robert F. Weir,
} Vice-Presidents.

Edwin T. Ward, Recording Secretary.

John G. Adams, Corresponding Secretary.

Horace P. Farnham, Treasurer.

Isaac E. Taylor,
G. M. Smith,
S. S. Purple,
Wm. T. White,
S. T. Hubbard,
} Trustees.

E. Darwin Hudson, Librarian.

John S. Brownne, Assistant Librarian.

W. H. Katzenbach, Assistant Secretary.

Francis V. White, Statistical Secretary.

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## *Delegates to State Medical Society*

C. E. Billington, F. A. Burrell, John C. Peters,
E. D. Judson, Jr. T. Gaillard Thomas.

## *Resident Fellows.*

Adams, J. G., Park Avenue Hotel *
Agnew, C. R., 266 Madison avenue.
Alexander, Welcome T., 1084 Lexington avenue.
Anderson, J., 30 University place.
Anderson, James H., 30 University place.
Arnold, G. C., 115 East 30th st.
Arnold, J. W. S., 410 East 26th st.
Asch, Morris J., 23 West 30th st.
Ayres, S., 22 West 11th st.
Assenheimer, Augustus, 323 East 51st st.
Bahan, Thomas S., 235 West 14th st.
Ball, A. B., 42 West 36th st.
Bangs, L. Bolton, 127 East 34th st.
Banks, James L., 57 Fifth avenue.
Barker, Fordyce, 24 East 38th st.
Barry, Robert A., 233 East 13th st.
Barstow, J. W., 50 East 31st st.
Beard, George M., 161 Madison ave.
Belden, E. B., 141 East 21st st.
Bell, C. M., 320 Fifth avenue.
Bermingham, E. J., 1269 Broadway.
Billington, C. E., 110 Madison avenue.
Birdsall, W, R., 144 East 74th st.
Blakeman, William N., 28 West 37th st.
Bliven, J. P., 445 Grand st.
Blumenthal, Mark, 53 West 42d st.
Bosworth, Franche H., 26 West 46th st.
Bozeman, Nathan, 296 Fifth avenue.
Bradley, Edward, 16 West 23d st.
Brandis, Adolph C., 29 Market st.
Breakell, James A., 335 West 24th st.
Bronson, Edward B., 63 West 38 st.
Bryant, Joseph D., 66 West 35th st.
Bulkley, Lucius D., 1 East 33d st.
Bull, Charles S., 48 East 23d st.
Bullard, W. E., 46 East 30th st.
Burchard, Thomas H., 24 West 40th st.
Burke, J., 147 Lexington avenue.
Burrall, Fred. A., 48 West 17th st.
Butler, George H., 42 East 66th st.
Caldwell, R. A., 318 Madison avenue.
Cameron, Edward M., 47 West 26th st.
Campbell, Robert, 422 West 35th st.
Carpenter, Wesley M., 123 East 25th st.
Castle, Fred. A., 102 East 57th st.
Chalmers, Thomas C., 25 West 17th st.
Chamberlain, Geo. W., 153 East 39th st.
Chamberlain, William M., 68 W. 40th st.
Chambers, Porter F., 596 Lexington ave.
Chapin, Edward R., 4 West 27th st.
Chauveau, J. F., 6 Ludlow place.
Cheesman, T. M., in Europe.
Church, Allen S., 238 West 45th st.
Cisneros, Juan, 311 West 33d st.
Clark, A., 23 East 21st st.
Clements, James W. G., 64 West 56th st.
Cleveland, Clement, 59 West 38th st.
Cowles, E. O., 14 East 4th st.
Crampton, Henry E., 221 Second avenue.
Crane, John J., 31 West 21st st.
Crane, Joseph S., 41 West 45th st.
Cushman, William F., 325 West 22d st.
Cypert, John R., 656 Lexington avenue.
Dalton, John C. 43 West 48th st.
Dana, Samuel W., 50 West 28th st.
DeGarmo, Wm. B., 116 East 30th st.
DeLuna, A. B.. 368 West 32d st.
Delafield, Edward, 12 West 32d st.
Delavan, D. Bryson, 59 West 38th st.
Dennis, Fred. S., 21 East 21st st.
Derby, Richard H., 9 West 35th st.
Dessau, S. Henry, 75 West 55th st.
Detmold, William, 38 East 9th st.
Douglas, J. H., 48 East 26th st.
Draper, Wm. H., 4 East 37th st.
Duncan, William F., 266 West 42d st.
Durant, Ghislandi, 46 West 32 st.
Eden, John H., Fordham, N. Y.
Eliot, Ellsworth, 48 West 36th st.
Elsberg, Louis, 614 Fifth avenue.
Emerson, J. H., 81 Madison avenue.
Emmet, Thomas A., 89 Madison avenue.
Farnham, Horace P., 36 West 40th st.
Farrington, Joseph O., 127 East 127th st.
Finnell, Thomas C., 132 W. Houston st.
Fleming, Martin J., 134 Lexington ave.
Flint, Austin, 418 Fifth avenue.

* When no town is mentioned, New York is to be understood.

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Flint, Austin, Jr., 14 West 33d st.
Foster, Frank P., 33 East 28th st.
Foster, Joel, 265 Fourth avenue.
Fowler, George B., 11 West 45th st.
Fox, George H., 18 East 31st st.
Frankel, Edward, 217 East 17th st.
Frazer, John G., 321 West 35th st.
Frothingham, Wm., St. Nicholas avenue corner 157th st.
Fruitnight, J. Henry, 259 West 54th st.
Fuller, Robert M., 136 West 42d st.
Garrigues, H. J., 137 West 22d st.
Garrish, John P., 66 West 46th st.
Gibney, Virgil P., 135 East 42d st.
Gillette, Walter R., 149 West 23d st.
Gomez, Horatio, 30 West 59th st.
Gorton, O. A., 33 East Ninth st.
Gouley, John W. S., 311 Madison ave.
Griswold, Henry, 355 West 30th st.
Habirshaw, John, 101 West 47th st.
Hadden, Alexander, 155 East 51st st.
Hall, Edwards, 17 East 66th st.
Hall, William H., 129 East 54th st.
Hamilton, AllanMcL., 43 East 33d st.
Hamilton, Frank H., 43 West 32d st.
Hanks, Horace T., 55 East 59th st.
Harris, Elisha, 65 Bible House, Astor pl.
Harrison, Geo. T., 221 West 23d st.
Harwood, Edward C., 44 West 49th st.
Hedges, David A., 26 West 46th st.
Heineman, Henry N., 38 West 21st st.
Henry, M. H., 427 Fifth avenue.
Herrick, Everett, 126 Madison avenue.
Heywood, C. F., 150 West 14th st.
Hickok, George B., 123 East 10th st.
Hills, John M., 438 Madison avenue.
Hinton, John H., 41 West 32d st.
Hitchcock, Urban G., 51 West 29th st.
Hodgman, Abbott, 141 East 38th st.
Hogan, E. J., 308 Madison avenue.
Hogan, Michael, 119 East 12th st.
Howe, Jos. W., 38 West 24th st.
Hubbard, S. T., 27 West Ninth st.
Hudson, E. Darwin, Jr., 227 West 22d st.
Hull, Jos. J., 158 West 34th st.
Humphreys, Geo. H., 23 East 47th st.
Hunter, Alexander S., 32 East 29th st.
Hunter, James B., 2 West 33d st.
Hustace, Francis, 413 Madison avenue.
Husted, N. C., 361 West 42d st.
Hutton, Allan C., 47 East Ninth st.
Ives, F. L., 117 East 30th st.
Jackson, Geo. F., St. Nicholas ave. cor. 156th st.
Jacobi, Abraham, 110 West 34th st.
Jacobi, Mary Putnam, 110 West 34th st.
Jacobus, A. M., 212 West 53d st.
Janes, Edward H., 208 West 42d st.
Janeway, Ed. G., 51 East 25th st.
Janvrin, Jos. E., 191 Madison avenue.
Johnson, Laurence, 323 West 27th st.
Jones, Wm. W., 51 West 28th st.
Judson, A. B., 129 East 17th st.
Katzenbach, W. H., 72 West 45th st.
Kellogg, Theodore H., 48 West 36th st.
Kemp, William M., 267 West 23d st.
Kennedy, James, 417 West 51st st.
Kershner, Edward, Union League Club.
Kinnicutt, Frank P., 42 West 37th st.
Knapp, Herman, 25 West 24th st.
Knight, Charles H., 121 West 34th st.
Knight, James, 135 East 42d st.
Langmann, Gustav, 151 West 43d st.
Lawrence, Jonathan S., 56 West 35th st.
Leale, Charles A., 745 Fifth avenue.
Leaming, James R., 160 West 23d st.
Lee, Charles C., 79 Madison avenue.
Lefferts, Geo. M., 6 West 33d st.
Leo, S. N., 103 West 55th st.
Lewis, Daniel, 147 East 45th st.
Lidell, J. A., 17 Clinton place.
Lincoln, Rufus B., 22 West 31st st.
Linsly, Jared, 22 Lafayette place.
Little, James L., 60 West 40th st.
Livingston, W. C., 357 West 30th st.
Lockrow, Arthur V. B., 709 Madison av.
Loomis, Alfred L., 31 West 34th st.
Lusk, Wm. T., 47 East 34th st.
Lynch, P. J., 216 East 13th st.
McBride, Thomas A., 47 East 25th st.
McLaury, Wm. M., 244 West 42d st.
McLeod, S. B. W., 147 West 23d st.
Macgregor, James R., 153 East 83d st.
Markoe, T. M., 20 West 30th st.
Martin, T. Dwight, 161st st. n. Morris pl.
Maxwell, Wm. H., 28 East 38th st.
Metcalfe, John T., 18 West 30th st.
Milhau, John J., 41 Lafayette place.
Milne, Charles, 124 East 45th st.
Miranda, Ramon L., 54 West 37th st.
Monell, Jos. A., 236 West 22d st.
Morris, S. F., 168 Lexington avenue.

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Mundé, Paul F., 20 West 45th st.
Neftel, Wm. B., 16 East 48th st.
Newcomb, Gilbert L., 66 Lexington ave.
Nichols, Charles Henry, Bloomingdale Insane Asylum, 117th st. and Boulevard.
Nichols, Truman, 267 East Broadway.
Nicoll, Henry D., 7 West 39th st.
Noeggerath, Emil, 42 West 35th st.
Noyes, Henry D., 233 Madison avenue.
O'Sullivan, R. J., 179 East 70th st.
Orton, S. H., 12 Gramercy Park.
Otis, Fessenden N., 108 West 34th st.
Packard, Charles W., 937 Park avenue.
Pardee, Charles Inslee, 72 West 35th st.
Parker, Willard, 41 East 12th st.
Parker, W. Jr., 41 East 12th st.
Partridge, Edward L., 13 Charlton st.
Peaslee, Edward H., 29 Madison ave.
Perry, James L., 102 West 48th st.
Perry, John Gardner, 113 Madison ave.
Peters, George A., 12 West 20th st.
Peters, John C., 83 Madison avenue.
Piffard, Henry G., 10 West 35th st.
Pinkney, Howard, 24 East 41st st.
Polk, William M., 13 East 34th st.
Pomeroy, Oren D., 316 Lexington ave.
Pooley, Thomas R., 107 Madison ave.
Poore, Charles T., 427 Fourth avenue.
Porter, P. Brynberg, 22 West 31st st.
Post, Alfred C., 291 Madison ave.
Post, W. H. B., 66 West 36th st.
Powell, Seneca D., 42 West 40th st.
Pratt, Henry R., West Farms.
Purdy, Alfred E. M., 288 Madison ave.
Purdy, A. S., 288 Madison ave.
Purdy, Samuel A., 51 West 50th st.
Purple, S. S., 36 West 22d st.
Putzel, Leopold, 252 East 48th st.
Quackenbos, Henry F., 39 West 18th st.
Raborg, Samuel A., 36 West 50th st.
Ramsdell, E. D., 158 East 33d st.
Ranney, Ambrose L., 156 Madison ave.
Read, Ira B., 18 East 126th st.
Reid, Kenneth, 30 West 25th st.
Reynolds, James B., 29 West 14th st.
Richards, J. W., 12 Clinton place.
Roberts, Nathan S., 218 East Broadway.
Roberts, S. M., 51 West 37th st.
Robie, John W., 163 East 49th st.
Robinson, Beverly, 37 West 35th st.
Rockwell, A. D., 46 East 31st st.
Rodenstein, Louis A., St. Nicholas ave. and 155th st.
Roof, Stephen W., 304 West 12th st.
Roosa, D. B. St. John, 20 East 30th st.
Rowe, Alvah, 410 West 34th st.
Sabine, Gustavus A., 46 West 23d st.
Sabine, Thomas T., 46 West 23d st.
Sanders, Edward, 100 East 80th st.
Satterlee, F. LeRoy, 158 Madison ave.
Sayre, Lewis A., 285 Fifth ave.
Schultze, Louis F., 102 East 35th st.
Seguin, E. C., 41 West 20th st.
Sell, E. H. M., 51 West 35th st.
Sexton, Samuel, 12 West 35th st.
Shaffer, Newton M., 31 West 36th st.
Shrady, John, 1974 Madison ave.
Silver, Henry M., 8 East Third st.
Sims, J. Marion, 267 Madison ave.
Smith, A. A., 85 Madison ave.
Smith, Andrew H., 22 East 42d st.
Smith, G. M., 14 East 17th st.
Smith, J. Lewis, 227 West 49th st.
Smith, James O., 81 Clinton place.
Smith, O. G., 57 West 10th st.
Smith, Stephen, 31 West 42d st.
Smith, S. Hanbury, 33 Union square.
Stein, Alex. W., 30 West 15th st.
Stimson, Daniel M., 9 East 13th st.
Strachan, A. Russell, 66 Madison ave.
Sturgis, Frederic R., 16 West 32d st.
Sussdorff, Gustavus E., 1 West 24th st.
Swasey, John H., 79 Madison ave.
Tauszky, Rudolph, 211 East 77th st.
Taylor, Charles F., 100 West 53d st.
Taylor, Isaac E., 7 East 36th st.
Taylor, James R., 234 East 12th st.
Teller, Seligman, 306 West 33d st.
Thomas, T. Gaillard, 294 Fifth ave.
Thoms, Wm. F., 92 Madison st.
Thomson, Wm. H., 111 West 43d st.
Thurman, Wm., 517 Madison ave.
Tucker, Carlos P., 43 West 26th st.
VanArsdale, Henry, 53 Seventh st.
VanBuren, Wm. H., 1 Park ave.
VanDoren, Matt. D., 274 Fifth ave.
VanSantvoord, Richard, 26 East 125th st.
VanWinkle, E. H., 25 West Ninth st.
Vanderpoel, E., 36 West 27th st.
Vandervoort, John L., 127 West 11th st.
Varley, C. Dixon, 348 West 22d st.

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Wagner, Clinton, 35 West 38th st.
Ward, Edwin F., 204 West 38th st.
Warner, E. B., 48 Sixth ave.
Warner, John W., 82 Lexington ave.
Warren, John S., 204 West 38th st.
Webb, Z. Swift, 225 West 22d st.
Weber, Leonard, 136 West 34th st.
Webster, David, 266 Madison ave.
Weir, Robert F., 37 West 33d st.
Weisse, Faneuil D., 51 West 22d st.
Welch, William H., 21 East 21st st.
Weld, Francis M., 11 East 13th st.
Wells, Ovid P., 318 West 20th st.
White, Francis V., 222 East 31st st.
White, John P. P., 31 West 21st st.
White, Octavius A., 222 Second avenue.
White, William T., 130 East 30th st.
Wiener, Joseph, 102 East 61st st.
Wilder, Rufus L., 146 East 127th st.
Winston, G. S., 18 West 31st st.
Wood, Charles S., 171 West 47th st.
Wood, James R., 80 Irving place.
Woodbury, Edward C., 233 W. 48th st.
Woolley, James V. S., 58 East 79th st.
Wright, Charles, 3 East 41st st.
Wylie, W. Gill, 40 West 40th st.
Yale, Leroy M., 438 Madison avenue.
Young, William, 145 West 42d st.

Number of Resident Fellows, - - - - 314
Of these there belong to the County Society, 271

## NIAGARA COUNTY.

### NIAGARA COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, first Tuesday in June; semi-annual, first Tuesday in January; quarterly, first Tuesday in March and September.

*Officers.* (*June* 7, 1881.)

F. W. Baker, President.
J. W. Grosvenor, Vice-President.
T. B. Cosford, Secretary.
John Foote, Treasurer.

*Censors.*

W. J. Ransom, T. B. Cosford, J. W. Grosvenor.

*Delegates to State Medical Society.*

M. S. Kittinger, W. J. Ransom.

*Committee on Hygiene.*

M. S. Kittinger, Chairman,
G. H. Saddleson,
H. A. Wilmot,
W. C. Raymond,
W. W. Bradley.
A. G. Skinner,
T. B. Cosford,
J. W. Corman,
J. I. McFadden,
E. F. Pyle,
A. N. Moore,
F. A. Rice,
W. C. Huggins,

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*Members.*

Baker, F. J., Youngstown.
Bradley, W. W., Lockport.
Balcolm, Lafayette, Lockport.
Clark, Simeon T., Lockport.
Cook, Nathan, Ransomville.
Cole, Electus, Middleport.
Corman, John W., Beach Ridge.
Cosford, T. B., Lockport.
Davison, Rexford, Lockport.
Duff, John M., Royalton.
Eddy, G. W., Lewiston.
Faling, Peter, Gasport.
Falkner, Wm. J., Youngstown.
Fassett, D. S., Lockport.
Foote, John, Lockport.
Gallagher, Francis W., Lockport.
Gould, C. W., Middleport.
Gould, William B., Lockport.
Grosvenor, J. W., Lockport.
Harrington, D. W. Lockport.
Hartwell, J. B., Lockport.
Helmer, J. H., Lockport.
Hill, H. C., Lockport.
Huggins, W. C., Sanborn.
Kittinger, M. S., Lockport.
Langs, M. L., Suspension Bridge.
Leonard, A. M., Lockport.
McCollum, William, Lockport.
McFadden, J. I., Olcott.
Moore, A. N., Rapids Bridge.
Murphy, C. P., Royalton.
Murphy, D. H., Royalton.
Palmer C. N., Lockport.
Paulding, J. A., Pendleton.
Pyle, E. F., Pekin.
Ransom, W. J., Lockport.
Raymond, Wm. C., Cambria.
Rice, Fred. A., Niagara Falls.
Reed, Charles H., Wilson.
Saddleson, G. H., Newfane.
Sage, Clinton A., Pekin.
Skinner, A. G., Youngstown.
Smith, E., Lewiston.
Tabor, N. B., Wilson.
Tryon, A. Walter, Lockport.
Turner, C. H., Hartland.
Wilmot, H. A., Johnson's Creek.

Number of Members, 47.

## ONEIDA COUNTY.

### MEDICAL SOCIETY OF THE COUNTY OF ONEIDA.

MEETINGS—Annual, Second Tuesday in July, semi-annual, second Tuesday in January; quarterly, second Tuesday in October and April. The semi-annual meeting is held in Rome; the others in Utica.

*Officers.* (*July* 12, 1881.)

Edwin Evans, President.
George Seymour, Vice-President.
J. S. O'Hara, Secretary.
J. K. Chamberlayne, Treasurer.
William Gibson, Librarian.

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## *Censors.* (1880.)

W. Griswold, William Russell, George Seymour.
A. C. Watson, N. Wolcott.

## *Delegates to State Medical Society.*

J. S. O'Hara, Henry C. Palmer, George Seymour.

## *Members.*

Armstrong, James A., Clinton.
Babcock, W. A., Oriskany.
Baker, Smith, Whitestown.
Bagg, M. M., 164 Park avenue, Utica.
Barnum, D. A., Cassville.
Barrows, A. A., Clinton.
Barrows, F. M., Clinton.
Bergen, Thomas J., 93 John st., Utica.
Bersee, David, Stanwix.
Booth, Walter, Boonville.
Booth, W. H., 172 Genesee st., Utica.
Brush, Edward N., N. Y. State Lunatic Asylum.
Buel, Wales, Walesville.
Bullock, E. H., New York Mills.
Cavana, Martin, Oneida, Madison Co.
Chamberlayne, J. K., 1 Steuben pk., Utica.
Churchill, Alonzo, 170 Genesee st., Utica.
Clark, Wallace, 136 Park avenue, Utica.
Cleveland, G. W., Waterville.
Cleveland, W. P., Waterville.
Comstock, Ira M., New York Mills.
Cook, Matthias, 92 Columbia st., Utica.
Crane, Delos A., Holland Patent.
Dodge, A. P., Oneida Castle.
Douglass, Isaac H., 246 Genesee st., Utica.
Drummond, J. B., Westmoreland.
DuBois, H. G., Camden.
Dunn, Martha M., 187 Genesee st., Utica.
Ellinwood, Eliza M., Rome.
Evans, Edwin, Rome.
Fitch, H. A., 34 Columbia st., Utica.
Flandreau, Thomas M., Rome.
Ford, W. E., 223 Genesee st., Utica.
Foord, Henry, Rome.
Fraser, Charles E., Rome.
Fraser, Charles E., Jr., Rome.
Fraser, Jefferson C., Lee.
Frazier, Robert, Camden.
Freeman, Isaac, Vernon.
Fuller, Earl D., 66 Varick st., Utica.
Gardner, H. Dwight, 187 Genesee st., Utica.
Gary, F. A., Vernon.
Gibson, Wm. M., 187 Genesee st., Utica.
Glass, J. H., 175 Park avenue, Utica.
Gray, Jno. P., New York State Lunatic Asylum.
Griswold, W. R., New Hartford.
Guiteau, Luther, Trenton.
Harberer, Joseph V., 23 Fayette st., Utica.
Haskins, Benjamin F., Prospect.
Hastings, Herbert, 365 Genesee st. Utica.
Hays, Thomas, Deerfield.
Hews, Robert H., North Western.
Holden, A. L., 4 Taylor avenue.
Hopkins, Ira D., 25 Blandina st., Utica.
Hughes, David, Washington Mills.
Hunt, Jacob, 56 Whitesboro st., Utica.
Hunt, J. G., 192 Genesee st., Utica.
Hutchinson Edwin, 224 Genesee st., Utica.
Hutchinson, F. E., 7 Devereux st., Utica.
James, Wm. H., 166 Genesee st., Utica.
Jones, Herbert G., 224 Genesee st., Utica.
Kuhn, William, Rome.
Lawton, E. J., Rome.
Marchand, Juliet E., Rome.
Menzie, G. Leroy, Vernon.
Merrick, Charlotte L., 187 Genesee st., Utica.
Munger, Charles, Knoxboro.
Nold, John B., Boonville.
Nelson, Wm. H., Taberg.
O'Hara, John S., 124 John st., Utica.
Palmer, H. C., Rome.
Palmer, W. B., 30 South st., Utica.



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Porter, H. N., New York Mills.
Preston, Medina, Sangerfield.
Ralph, William S., 170 Genesee st., Utica.
Raynor, Edwin W., Trenton.
Reid, C. C., Rome.
Reid, H. G., Westernville.
Rinkle, LaFayette, Boonville.
Russell, Chas. P., 196 Genesee st., Utica.
Russell, Wm., 196 Genesee st., Utica.
Sehr, G. N., Taberg.
Seymour, George, 192 Genesee st., Utica.
Simmons, A. R., New Hartford.
Sloan, Hugh, 76 Varick st., Utica.
Smith, A. H., Camden.
Smith, Charles E., Whitestown.
Steinhausen, Franz, 71 Columbia st., Utica.
Stephens, Edward J., 183 Genesee st. Utica.
Swartwout, L., Prospect.
Tefft, Charles B., 159 Genesee st., Utica.
Thomas, P. Henry, 100 Washington st., Utica.
Tourtellot, Louis A., 49 Broad st., Utica.
Watson, Amanda C. Mrs., 97 Charlotte st., Utica.
Watson, John, 97 Charlotte st., Utica.
West, Joseph E., 171 Genesee st., Utica.
West, M. C., Rome.
Whaley, J. S., Rome.
Williams, E. G., Remsen.
Wilson, Claude, Waterville.
Wolcott, Norton, Holland Patent.
Wolcott, Samuel G., 171 Genesee st., Utica.
Veeder, T. A., 29 Oneida st., Utica.

Number of Members, 103.

## ONONDAGA COUNTY.

### ONONDAGA MEDICAL SOCIETY.

**(Organized in 1806.)**

MEETINGS—Annual, second Tuesday in June; semi-annual, last Tuesday in January; quarterly, at such intermediate times as the Society may direct. All meetings are held in Syracuse.

*Officers.* (*June* 14, 1881.)

J. D. Potter, President.
John Van Duyn, Vice-President.
D. M. Totman, Secretary.
G. W. Cook, Treasurer.
L. F. Weaver, Librarian.

*Censors.*

Alfred Mercer, George R. Metcalf, M. H. Blynn.
W. W. Munson, H. D. Didama.

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## *Delegates to State Medical Society.*

H. B. Allen, J. H. Graves, J. P. Shumway.

## *Censor of the College of Medicine, Syracuse, N. Y.*

M. H. Blynn.

## *Members.*

Aberdein, Robt., 2 Greeley Blk., Syracuse.
Allen, Henry B., Baldwinsville.
Babcock, H. J., 214 East Genesee st., Syracuse.
Baker, C. O., Elbridge.
Bartlett, Levi, Skaneateles.
Benedict, A. C., 48 Montgomery st., Syracuse.
Benedict, M. D., 37 Montgomery st., Syracuse.
Billington, C. E., Manlius.
Blynn, M. H., Cicero.
Brown, G. L., Baldwinsville.
Brown, U. Higgins, 52½ Warren st., Syracuse.
Browne, John W., Mottville.
Butler, F. H., 43 Seymour st., Syracuse.
Campbell, George T., Skaneateles.
Carr, James E., Jordan.
Chapin, William A., Liverpool.
Clarke, W. C., Apulia.
Coe, J. H., 207 East Genesee st., Syracuse.
Cook, George W., 80 South Salina st., Syracuse.
Crowell, H. C., East Syracuse.
Dallas, A. J., 48 Warren st., Syracuse.
Dibble, O. G., Pompey.
Didama, H. D., 112 South Salina st. Syracuse.
Doyle, Gregory, Downer Block, West Fayette st., Syracuse.
Draper, G. W., Geddes.
Dunlap, J. P., 108 East Genesee st., Syracuse.
Earle, G. W., Tully.
Earll, George W., Skaneateles.
Edwards, A. S., 367 North Salina st., Syracuse.
Edwards, George A., Catherine st., cor. of Lodi st., Syracuse.
Elsner, H. L., 248 N. Salina St., Syracuse.
Fairchild M. B., 363 North Salina st., Syracuse.
Graves, J. H., Syracuse.
Hatch, Carrie A., 6 East Onondaga st., Syracuse.
Higgins, S. M., Memphis.
Holcomb, Mrs. E. J., 67 E. Fayette st., Syracuse.
Jacobson, Nathan, 27 Montgomery st., Syracuse.
Johnson, W. R., 19 Yates Block, Syracuse.
Justin, Joel G., 67 E. Fayette st., Syracuse.
Kendall, J. V., Baldwinsville.
Kingsley, Samuel, South Onondaga.
Kinne, George R., Manlius.
Knapp, E. A., Jamesville.
Knapp, J. W., Geddes.
Kneeland, Jonathan, South Onondaga.
McLochlin, J. A., 63 James st., Syracuse.
Marshall, J. S., 60 Warren st., Syracuse.
Maxson, Edwin R., 208 Madison st., Syracuse.
Mercer, Alfred, 40 Montgomery st., Syracuse.
Mercer, A. Clifford, 40 Montgomery st., Syracuse.
Metcalf, George R., 29 E. Jefferson st., Syracuse.
Mowris, J. A., Lafayette.
Munson, W. W., Otisco.
Mumford, E. S., 74 East Fayette st., Syracuse.
Nims, Horace, Manlius.
Parsons, Israel, Marcellus.
Pease, R. W., 36 Montgomery st., Syracuse.
Phillips, Erastus B., 312 S. Salina st., Syracuse.
Plant, William T., 18 Harrison st., Syracuse.

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Porter, W. W., Geddes.
Post, H. W., Marcellus.
Potter, J. D., Delphi.
Pritchard, H. B., Euclid.
Rood, M. G., Onondaga.
Sargent, George W., Skaneateles.
Searl, I. H., 38 E. Onondaga st., Syracuse.
Shumway, J. P., Geddes.
Skinner, E. C., Belle Isle.
Skinner, L. C., Belle Isle.
Slocum, Charles E., 64 S. Salina st., Syracuse.
Slocum, J. O., Camillus
Smith, Wm. Manlius, 49 E. Onondaga st., Syracuse.
Stanton, Margaret, 23 Montgomery st., Syracuse.
Stevens, Lucius, 143 East Genesee st., Syracuse.
Strong, F. A., Brewerton.
Tabor, Susan, Skaneateles.
Tolman, H. P., Onondaga Valley.
Tefft, N. R., Onondaga.
Totman, D. M., 25 Montgomery st., Syracuse.
Tripp, VanDyke, Borodino.
Van De Warker, Ely, 65 Montgomery st., Syracuse.
VanDuyn, John, 111 South Salina st., Syracuse.
Wallace, J. C. B., Baldwinsville.
Weaver, L. F., Syracuse.
Weed, H. A., Jordan.
Whitford, James, Onondaga Valley.
Wiggins, Hiram, Elbridge.
Wilbur, H. B., Idiot Asylum, Syracuse.

Number of Members, 88.

## ONTARIO COUNTY.

### ONTARIO COUNTY MEDICAL SOCIETY.

MEETINGS.—Annual, second Tuesday in July; quarterly, second Tuesday in October, January and April.

*Officers.* (*July* 12, 1881.)

D. S. Allen, President.
J. R. Pratt, Vice-President.
J. H. Jewett, Secretary and Treasurer.

*Delegate to State Medical Society.*

F. R. Bentley.

*Members.*

Allen, A. D., Gorham.
Allen, D. S., Hall's Corners.
Allen, J. H., Gorham.
Bennett, H. F., Canandaigua.
Bentley, F. R., Cheshire.
Budd, J. H., Geneva.
Carson, M. R., Canandaigua.
Carson, W. A., Rushville.

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Cheney, W. M., West Bloomfield.
Clarke, H. K., Geneva.
Crittenden, A. G., Clifton Springs.
Draper, J. F., Victor.
Eddington, W. F., Geneva.
Eddy, H. M., Geneva.
Flood, G. E., Geneva.
Flood, J., Geneva.
Gallagher, G. S., Naples.
Green, N. E., Honeoye.
Hallenbeck, O. J., Canandaigua.
Hayes, J. B., Canandaigua.
Hicks, W. S., Bristol.
Hollister, E. O., East Bloomfield.
Hutchins John, Cheshire.
Keith, Nellie L., Geneva.
Jackson, C. O., Victor.
Jewett, H., Canandaigua.
Jewett, J. H., Canandaigua.
Lewis, Leroy, Orleans.
Mailler, F. W., Phelps.
Mallery, D. J., Bristol.
Mead, A. M., Victor.
Nichols, H. W., Canandaigua.
Palmer, J. W., Victor.
Picot, M. H., Geneva.
Pratt, J. R., Manchester.
Sayre, E. B., Allen's Hill.
Simmons, E. W., Canandaigua.
Smith, J. T., Canandaigua.
Swart, W. T., Canandaigua.
Vanderhoof, F. D., Phelps.
VanDeusen, G. H., Gorham.
VanVleet, P. P., Shortsville.
Webster, F. F., East Bloomfield.
Wilbur, L. F., Honeoye.

Number of Members, 44.

## ORANGE COUNTY.

### ORANGE COUNTY MEDICAL SOCIETY.

(Organized July 1, 1806.)

MEETINGS—Annual, first Tuesday in June; semi-annual, first Tuesday in October.

*Officers.* (*June* 7, 1881.)

Wm. B. Bradner, President.
M. C. Stone, Vice-President.
Burke Pilsbury, Secretary.
A. J. Jessup, Treasurer.

*Censors.*

J. C. Boyd, Arthur Pell, Mrs. E. R. G. Myer, H. H. Robinson.

*Delegate to State Medical Society.*

Joseph Moffatt.

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*Members.*

Boyd, J. C., Monroe.
Bradner, H. K., Warwick.
Bradner, Wm. B., Warwick.
Carpenter, S. C., Chester.
Condict, T. D., Searsville.
Cook, Avery, Otisville.
Cuddeback, Wm. L., Port Jervis.
Douglas, Wm. E., Middletown.
Dubois, S. D., Blooming Grove.
Eager, Wm. B., Middletown.
Ely, Smith, Newburgh.
Farries, A. P., Florida.
Gartzmann, Gaslav, Newburgh.
Goodman, A., Salisbury.
Goodman, A. M., Jr., Salisbury.
Hardenburgh, H., Port Jervis.
Hunt, James H., Port Jervis.
Irving, R. C., Campbell Hall.
Jessup, A. J., Goshen.
Johnston, J. D., Middletown.
Leggett, A. B., Montgomery.
Myer, E. R. G. Mrs., Turner's.
Mills, T. D., Middletown.
Moffatt, J., Washingtonville.
Montfort, R. V. K., Newburgh.
Ormsbee, Clarence, East Coldenham.
Pell, Arthur, Goshen.
Pillsbury, B., Middletown.
Putney, G. E., Howell's Depot.
Robinson, H, H., Goshen.
Seely, H. C., Amity.
Seely, W. T., Amity.
Smiley, D. B., Scotchtown.
Smiley, J. H., Scotchtown.
Smith, C. P., Chester.
Stone, M. C., Newburgh.
Thompson, J. H., Goshen.
Van Etten, S., Port Jervis.
Writer, Theodore, Otisville.

Number of Members, 39.

## ORLEANS COUNTY.

### ORLEANS COUNTY MEDICAL SOCIETY.

(Organized January 8, 1873.)

MEETINGS—Annual, first Thursday in November; semi-annual, first Thursday in May.

*Officers.* (*Nov.* 6, 1879.)

H. C. Tompkins, President.
John H. Taylor, Vice-President.
Tousley B. Lewis, Sec'y and Treas.

*Censors.*

E. M. Crabb, William C. Bailey, James Chapman,
John Taylor, T. R. Bamber.

*Delegate to State Medical Society.*

H. C. Tompkins.

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*Members.*

Armstrong, E. R., Holley.
Bailey, William C., Albion.
Bamber, T. R., Carlton.
Chapman, James, Medina.
Cochrane, R. E., Waterport.
Cochrane, Samuel R., Albion.
Crabb, E. M., Clarendon.
Crandall, F. H., Medina.
Curtis, Daniel, Jeddo.
Dolley, J. G., Albion.
Fairman, Charles E., Lyndonville.
Jenkins, John, Shelby.
Jones, C. M., Waterport.
June, F. L., Waterport.
Lewis, H. W., Albion.
Lewis, Tousley B., Albion.
Millard, J. F., Albion.
Randall, J. W., Albion.
Rogers, B. F., Shelby Centre.
Smith, R. W., Barre Centre.
Taylor, J. H., Holley.
Tompkins, E. M., Knowlesville.
Tompkins, H. C., Knowlesville.

Number of Members, 23.

## OSWEGO COUNTY.

### MEDICAL SOCIETY OF THE COUNTY OF OSWEGO.

(Organized in 1821.)

MEETINGS—Annual, second Tuesday in June, at Mexico; semi-annual, second Tuesday in January, at Oswego.

*Officers.* (*June* 14, 1881.)

Charles J. Bacon, President.
James K. Stockwell, Vice-President.
Pascal M. Dowd, Recording Secretary.
John E. Hamill, Corresponding Secretary.
C. G. Bacon, Treasurer.
D. J. Phillips, Librarian.

*Censors and Committee on Medical Ethics.*

D. Pardee, T. J. Green, J. W. Eddy.
C. Macfarlane, D. T. Whyborn.

*Delegates to State Medical Society.*

N. W. Bates. D. Pardee.

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## *Members.*

Acker, Dillon, Hannibal.
Acker, Wm. J., Hannibal.
Andrews, S. D., Oswego Falls.
Bacon, C. G., Fulton.
Bacon, C. J., Williamstown.
Bates, N. W., Central Square.
Bradbury, M., Mexico.
Becker, D. D., Mexico.
Bulkley, J. Lyman, Sandy Creek.
Burrows, Eggleston, Oswego.
Caldwell, Henry W., Pulaski.
Carroll, W. B., Phœnix.
Carpenter, George E., Sandbank.
Clark, C. C. P., Oswego.
Coe, A. S., Oswego.
Cooley, R. N., Hannibal Center.
Coy, William B., Schroeppel.
Crockett, S. J., Sandy Creek.
Dayton, Gilson A., Mexico.
Desaulniers, A. A., Oswego.
Dewitt, Byron, Oswego.
Dowd, Pascal M., Oswego.
Drake, D. D., Central Square.
Drury, Emory J., Gilbert's Mills.
Eddy, Joseph W., Oswego.
Frary, M. Wilder, Redfield.
Gardner, George, Williamstown.
Gardner, Joseph, Williamstown.
Green, T. J., Parish.
Griffin, James A., Constantia.
Groves, Albert F., Oswego.
Hall, W. A., Fulton
Hamill, A. P., Phœnix.
Hamill John E., Phœnix.
Havens, Cyrus, Hannibal.
Heaton, Charles E., Mexico.
Huntington, J. W., Mexico.
Hutchins, Mary K., Oswego.
Johnson, George P., Mexico.
Jones, Ira L., Minetto.
Kingston, S. T., Oswego.
Lawton, D. A., Pulaski.
Lee, Charles M., Fulton.
Lee, C. R., Fulton.
Livingston, A. C., Fulton.
Loomis, Warren H., Vermilion.
Low, F. S., Pulaski.
Macfarlane, C., Oswego.
Mattoon, E. A., Oswego.
Mease, John H., Oswego.
Nelson, George W., Orwell.
O'Reilley, R. E., U. S. Army.
Pardee, D., Fulton.
Pardee, Stephen, Fulton.
Pero, Joseph, West Amboy.
Phelps, H. D. C., Palermo.
Phillips, D. J., Oswego.
Rainier, E., Oswego.
Rice, Alfred, Hannibal.
Snyder, George W., Scriba.
Stockwell, J. K., Oswego.
Thompson, A. L., Sandy Creek.
Todd, John B., Parish.
Tousley, W. Dealton, Holmesville.
Wells, Willis M., Oswego Falls.
Whittaker, Ella M., New Haven.
Whittaker, George G., New Haven.
Whyborn, D. T., Cleveland.
Wright, Charles F., Sand Bank.

Number of Members, 69.

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## OTSEGO COUNTY.

### OTSEGO COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, third Tuesday in July; semi-annual, third Tuesday in January, at Cooperstown.

*Officers.* (*July* 19, 1881.)

J. D. Fitch, President.
H. W. Boorn, Vice-President.
O. W. Peck, Secretary.
L. H. Hills, Treasurer.

*Censors.*

W. T. Bassett, A. D. Blakely, Horace Lathrop, Geo. Merritt.

*Delegates to State Medical Society.*

E. E. Houghton. A. S. Seeber.

*Members.*

Bassett, Wilson T., Cooperstown.
Blakely, A. D., Milford.
Boorn, Henry W., Schenevus.
Case, Meigs, Oneonta.
Case, Samuel H., Oneonta.
Clapsaddle, H. S., Toddsville.
Clyde, G. D., Cherry Valley.
Cooke, G. W., Otsego.
Fitch, J. D., Schuyler's Lake.
Fitch, T. S., East Springfield.
Green, John W., West Laurens.
Halsey, G. L., Unadilla.
Harris, H. T., Laurens.
Hills, E. D., Burlington Flats.
Hills, L. H., Cooperstown.
Houghton, E. E., Schenevus.
Kenyon, D. R., Mount Vision.
Lathrop, Horace, Cooperstown.
Leaning, J. K., Fly Creek.
Leonard, Wm. H., East Worcester.
McClellan, M. J., Garrattsville.
Martin, J. H., Otsego.
Matteson, DeWitt J., Mount Vision.
Merritt, George, Cherry Valley.
Merritt, George L., Cherry Valley.
Moon, John H., East Springfield.
Odell, Evander, Unadilla.
Owen, J. T., ——.
Parshall, J. E., Cooperstown.
Peck, Ozias W., Oneonta.
Pomeroy, S. G., West Oneonta.
Robinson, Solomon L., Hartwick.
Russell, A. N., South Valley.
Seeber, A. S., Milford.
Sloan, George A., Westford.
Smith, P. S., Hartwick.
Smithe, Nathan, Edmeston.
Spafford, E. W., Portlandville.
Sterricker, J. W., Roseboom.
Strong, Addison P., Laurens.
Swanson, J. W., Springfield Center.
Sweet, J. J., Unadilla.
Westlake, J. A., Clarksville.
Wheeler, George W., Garrattsville.

Number of Members, 44.



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## PUTNAM COUNTY.

### PUTNAM COUNTY MEDICAL SOCIETY.

(Organized July 28, 1874.)

MEETINGS—Annual, fourth Tuesday in July; quarterly, fourth Tuesday in October, January and April.

*Officers.* (*July* 26, 1881.)

George W. Murdock, President.
J. Q. Adams, Vice-President.
N. B. Bayley, Secretary.
Austin La Monte, Treasurer.

*Censors.*

M. A. Bailey, Edward Crosby, J. H. Smith.

*Delegate to State Medical Society.*

J. Q. Adams.

*Members.*

Adams, John Q., Carmel.
Bailey, Joseph H., U. S. A., Kent Cliffs.
Bailey, Matthew A., Carmel.
Bailey, Thomas H., Kent Cliffs.
Bayley, Norman B., Brewster's.
Carman, Aaron, Mahopac Falls.
Crosby, Edward, Mahopac Falls.
Ely, Addison, Carmel.
Jayne, Walter A., Cold Spring.
La Monte, Austin, Carmel.
Murdock, George W., Cold Spring.
Smith, John H., Brewster's.
Turner, Edward B., Mahopac.
Wheeler, Nathan W., Patterson.
Wood, Samuel A., Ludingtonville.
Young, William, Cold Spring.

Number of Members, 16.

*Honorary Member.*

Henry Pearce, Pawling, N. Y.

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# QUEENS COUNTY.

## QUEENS COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, last Tuesday in May, at Garden city.

*Officers.* (*May* 31, 1881.)

James D. Trask, Sr., President.
W. P. Overton, Vice-President.
C. G. J. Finn, Secretary and Treasurer.

*Censors.*

P. M. Wood, S. Hendrickson, De Witt Hitchcock,
G. B. Banks, F. A. Wright.

*Delegates to State Medical Society.*

J. H. Bogart, William D. Woodend.

*Members.*

Andrews, John S., East New York.
Altmuller, George, Glen Cove.
Baiseley, R. D., Rockaway.
Banks, George B., Huntington, Suffolk county.
Baranowitz, Julius, Farmingdale.
Barker, Charles H., Jamaica.
Bell, A. N., Garden City.
Bell, G. W., Farmingdale.
Beyer, Herman, Long Island City.
Blasdale, Charles, Jericho.
Bloodgood, Joseph, Flushing.
Bogart, J. H., Roslyn.
Burnett, W. J., Long Island City.
Conway, J. F., Far Rockaway.
Coombs, R. C. F., Woodhaven.
Davidson, Henry H., Vernon Valley.
Davidson, John, Hempstead.
Denton, J. H. B., Freeport.
Denler, Z. P., Long Island City.
Faller, G., College Point.
Friedel, T. A., Farmingdale.
Finn, C. G. J., Hempstead.
Freye, Peter Y., Oyster Bay.
Galer, G. S., Newton.
Goodridge, E. A., Flushing.
Hageman, F. C., Seaford,
Hammond, G. H., Freeport.
Hayes, H. H., Maspeth.
Hendrickson, Skidmore, Jamaica.
Hitchcock, De Witt, Long Island City.
Hutcheson, J. A., Pearsall's.
Hutcheson, R. W., Rockville Centre.
Lindsay, Walter, Huntington, Suffolk Co.
Ludlam, C. H., Hempstead.
Merress, P., Winfield.
Merritt, J. K., Flushing.
Mueller, E., College Point.
Nadal, T. W. Queens.
Ordronaux, John, Roslyn.
Overton, P. W., Cold Spring, Suffolk Co.
Porter, D. R., Manhasset.
Rave, E., Hicksville.
Rebman, W. F., Hicksville.
Rhame, William, Bellmore.
Rodman, W., Huntington, Suffolk Co.
Seabury, John, Far Rockaway.
Seaman, R. F. B., Glen Cove.
Seaman, Richard S., Glen Cove.
Skinner, E. D., Mineola.

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Smallwood, S. B., Astoria,
Snedeker, Morris, Hempstead.
Tappan, DeWitt, Jersey City, N. J.
Taylor, W. R., Astoria.
Townsend, James C., Glen Cove.
Trask, James D., Astoria.
Trask, James D., Jr., Astoria.
Van Deventer, H. B., Manhasset.
Van Zandt, R., C. Oyster Bay.
Webb, Edwin, Hempstead.
Whitney, Darling B., East Norwich.
Wickham, F., Corona.
Wood, William D., Jamaica.
Wood, Philip M., Jamaica.
Woodend, W. D., Huntington, Suffolk Co.
Wright, F. A., Glen Cove.

Number of Members, 65.

*Honorary Members.*

Jos. C. Hutchinson, Brooklyn. Lewis A. Sayre, New York.
Jas. R. Wood, New York.

## RENSSELAER COUNTY.

### RENSSELAER COUNTY MEDICAL SOCIETY.

(Organized 1806.)

MEETINGS—Second Tuesday in January; stated, second Tuesday of each month, except in June, July and August.

*Officers.* (*January* 11, 1881.)

Joseph D. Lomax, President.
E. W. Capron, Vice-President.
C. C. Schuyler, Secretary.
C. E. Nichols, Treasurer.

*Censors.*

C. E. Nichols, Mahlon Felter, Daniel D. Bucklin,
Robert Thomson, Wm. N. Bonesteel.

*Delegates to State Medical Society.*

R. D. Traver, William S. Cooper, Chas. H. Burbeck.

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## *Committee on Hygiene.*

Chas. L. Hubbell, Matthew H. Burton, E. D. Ferguson,
C. A. Winship, James A. Thompson.

## *Members.*

Akin, Washington, 12 Fourth st.*
Allen, Amos, Grafton Centre.
Allen, C. S., Greenbush.
Baynes, Wm. T., Jay cor. North Second.
Beale, E. N., Schaghticoke.
Blanchard, James A., Hoosick Falls.
Bonesteel, Wm. N., Mill, Nail Factory.
Bontecou, R. B., cor. Fourth st. and Broadway.
Bucklin, D. D., 575 State st., Lansingburgh.
Burbeck, Charles H., 22 Second st.
Burton, M. H., 75 Fourth st.
Butts, Elihu, Schaghticoke.
Camp, N. H., 111 Fourth st.
Capron, E. W., 543 State st., Lansingburgh.
Carmichael, E. W., Sandlake.
Cipperly, John H., Marshall Infirmary.
Cooper, Wm. L., Albia, (Troy)
Cooper, Wm. S., 81 Third st.
Crombie, Walter C., Schaghticoke.
Davis, E. H., 574 State st., Lansingburgh.
Felter, Mahlon, 106 Fifth st.
Fennelly, P. E., 70½ North Second st.
Ferguson, E. D., 2 Union place.
Fisk, E. J., 75 Third st.
Halves, F., 14 Fourth st.
Heimstreet, T. B., 132 Second st.
Hill, A. D., Greenbush.
Hubbell, Charles L., 35 First st.
Hull, A. E., Berlin.
Hutchison, J. C., Ferry and Third st.
Kinloch, Osborn F., corner Fifth and State st.
Lomax, J. D., Marshall Infirmary.
Magee, Daniel, 121 Fourth st.
Magee, Hugh, 115 Fourth st.
Magee, John, Lansingburgh.
Mason, Wm. P., Troy.
McChesney, James, Pawling ave.
McLean, LeRoy, 21 First st.
McTammany, W. F., 536 Fourth st.
Neher, P. C., Nassau.
Nichols, C. E., 57 Fourth st.
Nichols, Wm. H., West Sandlake.
O'Connor, Jeremiah, Troy Hospital.
Parmele, F. B., 77 Broadway, Greenbush.
Pease, Caroline S., 66 Fourth st.
Prendergast, J. P. 18 King st.
Reynolds, Charles N., Garfield.
Rousseau, Zotique, 108 Second st.
Schuyler, C. C., 21 First st.
Seymour, W. P., 105 Third st.
Seymour, W. W., 105 Third st.
Skinner, S. A., Hoosick Falls.
St. John, T. L., Centre Brunswick.
Thompson, J. A., Valley Falls.
Thompson, Robert, 339 Congress st.
Traver, R. D., 8 Waverly place.
VanWert, Harry, Raymertown.
Ward, R. H., 53 Fourth st.
Warwick, James, 242 Second st.
Whiton, H. B., 48 Fourth st.
Willis, A. B., Johnsonville.
Winship, C. A., Eagle Mills.

Number of Members, 62.

*Where no town is mentioned, Troy is to be understood.

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## RICHMOND COUNTY.

### RICHMOND COUNTY MEDICAL SOCIETY.

(Organized January 17th, 1855.)

MEETINGS.—Annual, first Wednesday in July; quarterly, first Wednesday in October, January and April, at the Seaman's Retreat Hospital.

*Officers.* (*July* 6, 1881.)

C. Henry King, President.
J. J. VanRensselaer, Vice-President.
T. J. Thompson, Secretary and Treasurer.

*Censors.*

A. L. Carroll, T. Walser. W. C. Walser.

*Delegate to State Convention.*

F. E. Martindale.

*Members.*

Ambrose, J. K., Clifton.
Anderson, Frank, Stapleton.
Anderson, Wm. C., Stapleton.
Andrews, T. A., Stapleton.
Avery, Alice, Nursery and Child's Hospital, West New Brighton.
Beyer, T. Stapleton.
Carroll, A. L., New Brighton.
Clark, Ephraim, Richmond.
Clark, F. E., West New Brighton.
Clark, James G., West New Brighton.
Coonley, E. D., Mariner's Harbor.
Ferney, John L., Stapleton.
Golder, R. H., Rossville.
Harrison, H. R., Port Richmond.
Hubbard, G. C., Tottenville.
Johnston, F. U., Stapleton.
King, C. Henry, Stapleton.
Lea, Isaac, Stapleton.
Lukens, Anna, West New Brighton.
Martindale, F. E., Port Richmond.
Millspaugh, Isaac L., Richmond.
Mundy, Edward C., Port Richmond.
Thompson, H., Clifton.
Thompson, T. J., Stapleton.
VanRensselaer, J. J., New Brighton.
Walser, Theodore, New Brighton.
Walser, W. C., Port Richmond.
Westfall, E. J., Tottenville.

Number of Members, 28.

*Honorary Member*

S. O. Vander Poel, Albany, N. Y.

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## ROCKLAND COUNTY.

### MEDICAL SOCIETY OF ROCKLAND COUNTY.

(Re-organized May 18, 1850.)

MEETINGS—Annual, last Tuesday in May; semi-annual, last Tuesday in October.

*Officers* (*May* 31, 1881.)

Garrett F. Blauvelt, President.
Albert O. Bogert, Vice-President.
William Govan, Secretary.
Jacob S. Wigton, Treasurer.
I. C. Haring, Librarian.

*Censors.*

H. H. House, E. H. Maynard, J. O. Polhemus.

*Delegate to State Medical Society.*

E. H. Maynard.

*Members.*

Blauvelt, Garrett F., Nyack.
Bogert, Albert O., Pearl River.
Bogert, Rykman, Pearl River.
Davidson, Benjamin, Nyack.
Govan, William, Stony Point.
Haring, Isaac C., Mont Moor.
Hopson, James A., Piermont.
House, H. H., Rockland Lake.
Humphrey, C. S., Spring Valley.
Lake, Daniel, Spring Valley.
Masten, C. H., Sparkill.
Maynard, E. H., Nyack.
Polhemus, J. O., Nyack.
Stephens, James J., Tappan.
Ten Eyck, C. H., Nyack.
Van Houten, N. R., New City.
Wills, Isaac, Nanuet.
Wigton, Jacob S., Spring Valley.

Number of Members, 18.

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## ST. LAWRENCE COUNTY.

### ST. LAWRENCE COUNTY MEDICAL SOCIETY.

(Re-organized in 1864.)

MEETINGS—Annual, second Tuesday in January; semi-annual, second Tuesday in June, at the place appointed by a vote of the annual meeting.

*Officers.* (*January* 11, 1881.)

F. R. Sherman, President.
G. G. Monroe, Vice-President.
L. E. Felton, Secretary.
E. H. Bridges, Treasurer.

*Censors.*

J. C. Colburn, H. M. Cox, G. G. Monroe.

*Delegates to State Medical Society.*

L. E. Felton, Fred. Geare. C. M. Wilson.

*Members.*

Ames, Alvin, Canton.
Anderson, F. A., Massena.
Baker, L. B., Russell.
Boland, H. A., Lawrenceville.
Bartholomew, C. C., Ogdensburgh.
Bower, Silas J., Waddington.
Brewer, F. H., Madrid.
Bridges, E. H., Ogdensburgh.
Bridges, Z. B., Ogdensburgh.
Carpenter, H. H., Lawrenceville.
Chagnon, L. P., Brasher Falls.
Colburn, J. E., Colton.
Cole, G. F., Potsdam.
Conkey, J. S., Canton.
Cook, G. R., Louisville.
Cruickshank, W. H., Lisbon.
Dayton, D. F., Hopkinton.
Drury, Benjamin F., Gouverneur.
Dunton, H. E., North Lawrence.
Dunton, Thomas, Stockholm.
Felton, L. E., Potsdam.
Garvin, James, Morristown.
Geare, Fred., Ogdensburgh.
Goodenough, A. B., Edwards.
Gregor, A. R., Hammond.
Griffin, L. M., Rossie.
Grinnell, J. H., Massena.
Hammond, H. T., Chase's Mills.
Hassir, J. R., Gouverneur.
Hawley, Charles B., Richville.
Holmes, G. H., Briar Hill.
Howard, J. S., Russell.
Hutchins, O. J., Depeyster.
Hutchins, E. A., North Lawrence.

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Larkin, A. M., Norwood.
Loren, M. M., Nicholville.
Manly, B. S., Potsdam.
McFadden, Orrell, Massena.
Merrill, S., Parishville.
Monroe, George G., Crary's Mills.
Morgan, Albert L., Lisbon Centre.
Morris, Robert, Ogdensburgh.
Parker, M. S., Parishville.
Parmelee, S. L., Watertown, Jefferson Co.
Phillips, James A., Morristown.
Pierce, C., Madrid.
Pierce, John, Adams, Jefferson Co.
Reynolds, G. W., Madrid.
Reynolds, Jesse, Potsdam.
Russell, George M., Potsdam.
Samburn, Louis, Heuvelton.
Selee, D. M., Edwardsville.
Seymour, E. G., Hermon.
Sherman, B. F., Ogdensburgh.
Sherman, F. R., Hammond.
Sherman, R. R., Canton.
Smith, H. D., Nicholville.
Smith, Moses E., South Colton.
Smith, W. E., Brasher Falls.
Sprague, L. T., Brasher.
Thomson, A. N., Norfolk.
Turner, A. H., Morley.
Walsh, D. C., Madrid.
Whitney, Ephraim, Massena.
Wilson, C. M., Gouverneur.

Number of Members, 65.

## SARATOGA COUNTY.

### SARATOGA COUNTY MEDICAL SOCIETY.

(Organized July, 1807.)

MEETINGS—Annual, first Tuesday in June; semi-annual, first Tuesday in December.

*Officers.* (*June* 7, 1881.)

R. C. McEwen, President.
F. M. Boyce, Vice-President.
T. B. Reynolds, Secretary and Treasurer.

*Censors.*

F. M. Boyce, W. H. Hall, L. M. Willard,
C. S. Grant, B. J. Murray.

*Delegates to State Medical Society*

B. W. Noxon, R. C. McEwen.



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*Members.*

Austin, J. M., New York.
Babcock, M. N., Saratoga Springs.
Ballou, N. H., Mechanicsvile.
Bedell, C. C., Saratoga Springs.
Boughton, C., Waterford.
Boyce, F. M., Saratoga Springs.
Bull, C. D., Stillwater.
Burger, A. B., Gansevoort.
Burrus, D. R., Burnt Hills.
Cooper, H. C., Clifton Park.
Creal, C. E., Saratoga Springs.
Ensign, C., Mechanicsville.
Gow, Frank, Schuylerville.
Grant, C. S., Saratoga Springs.
Gusteen, C. A., Gansevoort.
Hall, W. H., Saratoga Springs.
Hammond, H. L., Saratoga Springs.
Heartt, P., Waterford.
Hodgman, W. H., Saratoga Springs.
Houghton, N. M., Corinth.
Johnson, I. G., Greenfield Centre.
Kniskern A. C., Crescent.
Lewis, M., Ballston Spa.
McEwen, R. C., Saratoga Springs.
Moore, L., Ballston Spa.
Murray, B. J., Wilton.
Noxon, B. W., Ballston Spa.
Parkman, T., Rock City Falls.
Preston, C, Galway.
Preston, J. R., Schuylerville.
Putnam, L. B., Saratoga Springs.
Reynolds, T. B., Saratoga Springs.
Rowell, S. N., Dunning street.
Sherman, F. A., Ballston Spa.
Van Vranken, G. D., Saratoga Springs.
Van Woert, Abram, Fisher's Ferry.
Willard, L. M., Saratoga Springs.
Young, F. M., West Charlton.

Number of Members, 38.

## SCHENECTADY COUNTY.

### THE SCHENECTADY COUNTY MEDICAL SOCIETY.

(Organized January 19, 1869.)

MEETINGS—Annual, second Tuesday in January; semi-annual, second Tuesday in June.

*Officers.* (*January* 11, 1881)

B. A. Mynderse, President.
G. W. VanVoast, Vice-President.
W. L. Pearson, Secretary.
A. T. Veeder, Treasurer.

*Censors.*

M. G. Planck, J. Beagles, H. C. Van Zandt.

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*Delegate to State Medical Society.*

**Maurice Perkins.**

*Members.*

Brumagem, Peter, Mariaville.
Cheeseman, N. S., Scotia.
Daggett, N. G., Schenectady.
De La Mater, S. G., Duanesburgh.
Ellwood, L., Schenectady.
Ennis, A., Pattersonville.
Featherstonhaugh, Thos., Albany.
Fuller, Robert, Schenectady.
Greene, Geroe, Schenectady.
Hammer, Charles, Schenectady.
Hull, H. V., Schenectady.
McDonald, Geo. E., Schenectady.
Mackay, John P., Schenectady.
Mynderse, B. A., Schenectady.
Pearson, William L., Schenectady.
Perkins, Maurice, Schenectady.
Planck, M. G., Schenectady.
Reagles, James, Schenectady.
Roach, Paul, Quaker street.
Kowe, George, Braman's Corners.
Schoolcraft, John, Schenectady.
Steinführer, G. A. F., Schenectady.
Van Voast, G. W., Schenectady.
Van Zandt, H. C., Schenectady.
Veeder, A. T., Schenectady.
Whitehorne, E. E., Schenectady.
Young, Edwin, West Glenville.
Young, Frank, West Charlton, Saratoga county.

Number of Members, 28.

## SCHOHARIE COUNTY.

### SCHOHARIE COUNTY MEDICAL SOCIETY.

**(Organized, 1803; re-organized, 1857.)**

MEETINGS—Annual, first Tuesday in June; semi-annual, second Tuesday in October.

*Officers.* (*June* 7, 1881.)

David Norwood, President.
E. O. Bruce, Vice-President.
H. F. Kingsley, Secretary.
David Frazier, Treasurer.

*Censors.*

Lemuel Cross, C. K. Frazier, John Green,
W. S. Layman, H. D. Wells.

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*Delegate to State Medical Society.*

W. S. Layman.

*Committee on Hygiene.*

E. O. Bruce, H. F. Kingsley, C. S. Burnett, D. M. Leonard.

*Members.*

Beard, F. P., Summit.
Brown, J. R., Seward.
Bruce, E. O., Hyndsville.
Burnett, C. S., Blenheim.
Cross, L., Cobleskill.
Dickinson, C., Seward.
Dockstader, J. A., Sharon Springs.
Frazier, C. K., Cobleskill.
Frazier, D., Cobleskill.
Green, J., Sharon Springs.
Hauer, G., Conesville.
Havens, C. H., Summit.
Hotaling, John, Gallupville.
Jackson, George, Hunter's Land.
Kingsley, H. F. Schoharie.
Lawyer, Ezra, Cobleskill.
Lawyer, James, Middleburgh.
Layman, W. S., Schoharie.
Leonard, D. M., Broome Centre.
Lowell, J. S., Argusville.
Marsh Edward, Sloansville.
McCullock, Charles, Central Bridge.
Norwood, D., Esperance.
Roscoe, J. R., Carlisle.
Scott, J. S., Grosvenor's Corners.
Sperbeck, H., Charlotteville.
Tibbitts, James M., Eminence.
VanAlstyne, S. M., Richmondville.
Wells, Henry D., Middleburgh.

Number of Members, 29.

## SCHUYLER COUNTY.

### SCHUYLER COUNTY MEDICAL SOCIETY.

(Organized December 29, 1857.)

MEETINGS—Annual, second Tuesday in January; semi-annual, second Tuesday in July.

*Officers.* (*January* 11, 1881.)

J. F. Barnes, President.
B. F. Smelzer, Vice-President.
E. H. Davis, Secretary.
A. L. Behan, Treasurer.

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*Censors.*

S. B. Allen, E. H. Davis, W. H. Heist.
G. M. Post, J. W. Thompson.

*Delegate to State Medical Society.*

S. B. Allen.

*Members.*

Allen, S. B., Burdette.
Barnes, J. F., Watkins.
Beach, Wm. H., Catharine.
Behan, A. L., Reading.
Bell, R., Monterey.
Bennett, M. L., Watkins.
Birge, D. W., Peach Orchard.
Boyce, John, Weston.
Davis, E. H., Watkins.
Fish, H. H., Mecklenburg.
Fish, William H., Mecklenburg.
Glass, J. H., Watkins.
Hawes, M. D., North Hector.
Hedden, John H., Orange.
Heist, W. H., Townsend.
Hughes, L. H., Watkins.
Layler, George P., Townsend.
Nivison, N., Burdette.
Post, George M., Havana.
Seaman, H. D., Beaver Dams.
Sherwood, O. B., Cayutaville.
Smelzer, B. F., Havana.
Smith, G. O., Odessa.
Stillwell, H. P., Burdette.
Thompson, J. W., Watkins.
White, L. T., Alpine.

Number of Members, 26.

## SENECA COUNTY.

### SENECA COUNTY MEDICAL SOCIETY.

(Re-organized August 1, 1865.)

MEETINGS.—Annual, second Wednesday in July; semi-annual, second Wednesday in January.

*Officers.* (*July* 13, 1881.)

John Denniston, President.
D. F. Everts, Vice-President.
E. J. Schoonmaker, Secretary.
E. Lester, Treasurer.

*Censors.*

E. J. Schoonmaker. A. J. Alleman. Wm. W. Wheeler.

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*Delegate to State Medical Society.*

John B. Chapin.

*Committee on Hygiene.*

Wm. W. Wheeler, E. J. Schoonmaker, J. C. Carson.

*Members.*

Alleman, A. J., Varick.
Allison, H. E., Willard.
Carson, J. C., Willard.
Chapin, J. B., Willard.
Denniston, J., Ovid.
Dey, Richard, Romulus.
Dunn, J., Lodi.
Emmons, Alfred, Seneca Falls.
Everts, D. F., Romulus.
Flickinger, John, Trumansburg, Tompkins county.
Flood, Frank H., Fayette.
Flood, James, Geneva, Ontario county.
Gould, Lewis A., Ovid.
Hopkins, H. G., Willard.
Keyes, Charles I., Lodi.
Lamoreaux, E. W., Willard.
Lester, E., Seneca Falls.
Rhodes, S. D., Seneca Falls.
Purdy, H. J., Seneca Falls.
Schoonmaker, E. J., Magee's Corners.
Sears, Alfred, Townsendville.
Sternberg, J. H., Waterloo.
Swaby, Wm. A., Seneca Falls.
Townsend, John M., Townsendville.
Welles, S. R., Waterloo.
Wheeler, Wm. W., Farmer Village.
Wise, P. M., Willard.

Number of Members, 27.

## STEUBEN COUNTY.

### STEUBEN COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, second Tuesday in June; semi-annual, second Tuesday in January.

*Officers.* (*June* 14, 1881.)

R. F. Parkhill, President.
H. M. Bourne, Vice-President.
J. S. Dolson, Secretary and Treasurer.

*Censors.* (1880.)

M. D. Ellison, J. H. McNett, John Mitchell.
Ira P. Smith, W. W. Smith.

*Delegates to State Medical Society.*

M. J. Baker, Eli Allison.

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*Members.*

Ainsworth, H. R.. Addison.
Addison, Eli, Wayne.
Argue, Henry A., Corning.
Babcock, M. T., Hammondsport.
Baker, Milton J., Hornellsville.
Bennett, Charles H., Bath.
Bennett, E., Prattsburgh.
Bennett, J. A., Prattsburgh.
Bourne, H. M., Campbelltown.
Brown, Wm. B., Bath.
Brown, J. W., Addison.
Burlison, T. O., Pultney.
Case, A. B., Howard.
Case, D. L., Howard.
Case, G. F., Pultney.
Cruttenden, A. H., Bath.
Cridler, D. F., Hornellsville.
Dolson, J. F., Bath.
Dudley, A. B., Painted Post.
Ellison, M. D., Canisteo.
Fowler, T. B., Cohocton.
Gallagher, G. S., Naples, Ontario Co.
Goff, I. L., Cohocton.
Graves, J. B., Corning.
Green, W. T., Hornellsville.
Green, W. W., Prattsburgh.
Hall, S. H., Blood's Depot.
Herrington, N. M., Corning.
Hubbard, G. C., Hornellsville.
Kasson, Ambrose, Bath.
Kendall, Arthur, Corning.
Lockwood, F. M., Bradford.
McNett, J. H., Hornellsville.
May, H. C., Corning.
Mills, A. F., Corning.
Mitchell, J. D., Savona.
Mitchell, John Addison.
Mitchell, Samuel, Hornellsville.
Overhiser, E. A., Campbelltown.
Parkhill, C. S., Hornellsville.
Parkhill, R. F., Howard.
Patterson, C., Avoca.
Perry, N., Troupsburgh.
Picket, Benjamin, Canisteo.
Pierce, Byron, Cooper's Plains,
Robbins, A. D., Corning.
Robinson, J. W., Hornellsville.
Santee, W. E., Canisteo.
Seeley, Agnes, Mrs., Bath.
Selover, J. R., Bath.
Shannon, Thomas, Corning.
Shattuck, E., Hornellsville.
Sheffield, W. H., Jasper.
Smith, I. P., Bath.
Smith, J. B., Hornby.
Smith, W. W., Avoca.
Stewart, Warren, Savona.
Stoddard, P. K., Prattsburgh.
Tallmage, M. A., Bradford.
Terry, Marsena, Painted Post.
Trumbull, J. H., Hornellsville.
Winne, E., Haskinville.
Wylie, Ferand, Bath.

Number of Members, 63.

## SUFFOLK COUNTY.

### THE MEDICAL SOCIETY OF SUFFOLK COUNTY.

(Organized July 22, 1806.)

MEETINGS—Annual, in April, at Riverhead, subsequent to adjournment of court; semi-annual, in October, on day and at place directed at the April meeting.

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*Officers.* (*April*, 1881.)

Edwin Forrest Preston, President.
W. W. Howlett, Vice-President.
E. Thayer, Secretary.
H. P. Terry, Treasurer.
R. H. Benjamin, Librarian.

*Censors.*

R. H. Benjamin. Abraham B. Luce. F. Thayer.

*Delegate to State Medical Society.*

J. P. Jarvis.

*Members.*

Baker, James I., Yaphank.
Benjamin, John H., Riverhead.
Benjamin, R. H., Riverhead.
Chambers, M. L., Port Jefferson.
Chapel, S. W., Patchogue.
Cornwall, Robert G., Jamesport.
Fanning, George, Stony Brook.
Gildersleeve, James E., Port Jefferson.
Hallock, D. H., Southampton.
Hamill, Edward H., Bay Shore.
Hewlett, W. W., Babylon.
Jarvis, E. P., Centre Moriches.
Langdon, Henry A., Greenport.
Luce, Abraham B., Riverhead.
Miles, Clarence C., Greenport.
Mowbray, Jarvis R., Bay Shore.
Overton, Wm. P., Cold Spring Harbor.
Preston, Edwin F., Amityville.
Preston, William S., Patchogue.
Robinson, George A., Sayville.
Skinner, Barton D., Greenport.
Terry, H. P., Cutchogue.
Terry, Louis W., Patchogue.
Thayer, F., Riverhead.
Thompson, Abram G., Islip.
Vandewater, A. L., Bay Shore.
Wright, Clark, Jamesport.
Wright, Levi D., Bridgehampton.

Number of Members, 28.

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# SULLIVAN COUNTY.

## SULLIVAN COUNTY MEDICAL SOCIETY.

(Organized October 3, 1809.)

MEETINGS.—Annual, first Wednesday after the second Tuesday in June; semi-annual, first Wednesday in October.

### *Officers.* (*June* 15, 1881.)

L. S. Linson, President.
F. T. Wheeler, Vice-President.
E. F. Quinlan, Secretary.
A. A. Gillespie, Treasurer.

### *Delegate to State Medical Society.*

G. M. Beakes.

### *Committee on Hygiene.*

E. F. Quinlan, Isaac Purdy, W. W. Murphy.

### *Members.*

Appley, W. W., Cohocton.
Beakes, George M., Bloomingburgh.
Bennett, T. W., Jeffersonville.
Brand, Wm., Jeffersonville.
Crocker, E., Narrowsburgh.
DeKay, J. H., Parksville.
Gaudenier, W. J., Bloomingburgh.
Gillespie, A. A., Bethel.
Johnson, N. B., Barryville.
Kemp, S. A., Callacoon Depot.
La Moree, J. L., Grahamville.
Lathrop, G. H., Wurtsboro.
Linson, L. S., Stevensville.
McWilliams, F. A., Monticello.
Maltby, W. A., Jeffersonville.
Murphy, W. W., Liberty.
Perry, G. F., Woodbourne.
Purdy, I., Mongaup Valley.
Quinlan, E. F., Monticello.
Sloan, R. H., Bethel.
Tuttle, R. C., Rockland.
Webster, W. S., Liberty.
Wheeler, F. T., Rockland.

Number of Members, 23.



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## TIOGA COUNTY.

### TIOGA MEDICAL SOCIETY.

MEETINGS—Annual, second Tuesday in January; first quarterly, second Tuesday in April; semi-annual, second Tuesday in July; second quarterly, second Tuesday in October.

*Officers.* (*January* 11, 1881.)

L. D. Farnham, President.
W. R. Nicol, Vice-President.
W. L. Ayer, Secretary.
R. W. Eastman, Treasurer.

*Censors.*

C. K. Rogers, George P. Cady, J. B. Benton.
W. J. Burr, Charles Vaughn.

*Delegate to State Medical Society.*

George P. Cady.

*Members.*

Allen, James, Jr., Richford.
Allen, L. H., Owego.
Ayer, W. L., Owego.
Beach, G. W., Apalachin.
Benton, J. B., Tioga Centre.
Bliss, T. F., Spencer.
Burr, W. J., Newark Valley.
Buttles, W. R., Candor.
Cady, G. P., Nichols.
Dixon, J. C., Candor.
Eastman, C. C., Owego.
Eastman, N. H., Owego.
Eastman, R., Berkshire.
Farnham, L. D., Candor.
Fisher, William H., Spencer.
Harnden, D. D., Waverly.
Harnden, R. S., Waverly.
Heaton, C. B., Owego.
Hollenbeck, C. E., Halsey Valley.
Johnson, W. E., Waverly.
Lewis, J. W., Apalachin.
Magee, J. B., Candor.
Metcalf, A. E., Owego.
Miller, D. H., Candor.
Moore, R. E., Owego.
Nicol, W. R., Waverly.
Pease, E. E., Nichols.
Phelps, E. B., Owego.
Rodgers, C. R., Newark Valley.
Rood, M. G., Berkshire.
Starkey, J. C., Owego.
Stiles, C. L., Owego.
Tanner, J. H., Spencer.
Tappan, R. C., Newark Valley.
Tinkham, J. H., U. S. Army.
Vaughn, Charles, Smithborough.
Vosburg, H. P., Halsey Valley.

Number of Members, 37.

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## TOMPKINS COUNTY.

### TOMPKINS COUNTY MEDICAL SOCIETY.

(Organized about 1815; re-organized October, 1862.)

MEETINGS.—Annual, third Wednesday in June; semi-annual, third Wednesday in December.

*Officers.* (*June* 15, 1881.)

J. Winslow, President.
J. R. Gregory, Vice-President.
S. P. Sackett, Secretary.
S. H. Peck, Treasurer and Librarian.

*Censors.*

E. R. Barney, G. M. Beckwith, R. D. Smith.
S. H. Peck, J. R. Gregory.

*Delegate to State Medical Society.*

A. D. Simonds.

*Committee on Hygiene.*

A. A. Breneman, W. Newcomb, A. J. White.

*Members.*

Barney, E. R., Ithaca.
Beach, Judson, Etna.
Beckwith, G. M., Ithaca.
Beers, J. E., Danby.
Boyce, C. E., McLean.
Briggs, Isaac S., Dryden.
Chase, H. B., Jacksonville.
Cook, C. C., Newfield.
Demund, M. A., West Danby.
Dunning, Benjamin, Trumansburg.
Farrington, J. M., Trumansburg.
Fitch, William, Dryden.
Gallagher, W. C., Slaterville.
Gibbs, J. S., Groton.
Gregory, J. R., Trumansburg.
Kyle, E. C., Enfield Centre.
Lanning, Richard, McLean.
Montgomery, J. J., Dryden.
Newcomb, W., Ithaca.
Northrup, J. A., Ithaca.
Peck, S. H., Ithaca.
Rockwell, E. J., Ludlowville.
Sackett, S. P., Ithaca.
Sanford, Mary A., Ithaca.
Sebring, S. A., Newfield.
Simonds, A. L., Etna.
Smith, Reuben D., Ithaca.
Springer, W. O., Jacksonville.
White, A. J., Trumbull's Corners.
Wilder, Burt G., Ithaca.
Winslow, J., Ithaca.

Number of Members, 31.

*Honorary Members.*

Prof. A. A. Breneman, Ithaca.
Prof. Z. H. Potter, Ithaca.
Prof. James Law, Ithaca.
Prof. S. H. Gage, Ithaca.

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## ULSTER COUNTY.

### MEDICAL SOCIETY OF COUNTY OF ULSTER.

MEETINGS—Annual, first Tuesday of June, at Kingston; stated, second Tuesday of every month, except June, at such place as the Comitia Minora may determine.

*Officers.* (*June* 7, 1881.)

E. H. Loughran, President.
E. D. Chipman, Vice-President.
George C. Smith, Recording Secretary.
H. Craft, Corresponding Secretary.
Josiah Hasbrouck, Treasurer.

*Censors.*

Thomas S. Dawes, P. D. B. Hoornbeck, G. S. La Moree,
E. McKenzie, L. B. Smith.

*Delegates to State Medical Society.*

E. McKenzie, S. Schoonmaker, H. R. Winter.

*Members.*

Bevier, Benjamin R., Napanock.
Carhart, E. W. Milton.
Chipman, E. D., Saugerties.
Covel, C. C., Kingston.
Craft, H., Stone Ridge.
Crawford, Rufus, Saugerties P. O., Smith's Landing, Greene county.
Crispell, Abraham, Rondout.
Dart, Isaac C., Highland.
Dawes, T. S., Saugerties.
Decker, J. A., Ulster Park.
De Witt, William B., High Falls.
Deyo, C. W., New Paltz.
Finch, P., Ellenville.
Frakir, J. R., Milton.
Gedney, W. H., Milton.
Griffin, J. M., West Hurley.
Hasbrouck, C. V., Rosendale.
Hasbrouck, Josiah, Port Ewen.
Hoornbeck, P. D. B., Wawarsing.
Hoornbeck, S. E. D., Kerhonkson.
Huhne, Augustus, Rondout.
Hull, A. C., Olive.
Keator, T. O., Accord.
La Moree, G. S., Highland.
Loughran, E. H., Kingston.
Loughran, R., Kingston.
McKenzie, E., Port Ewen.
Montgomery, C. T., Glasco.
Murphy, R. M., Rondout.
Otis, A., Ellenville.
Palmer, A. H., Marlborough.
Perkins, E. K., Rondout.
Schoonmaker, S., Rosendale.
Scoresby, W. F., Ellenville.
Shaffer, S. N., Wilbur.
Smith, G. C., Rondout.
Smith, L. B., Woodstock.
Wheeler, M., Esopus.

Number of Members, 38.

*Honorary Members.*

G. A. Hawley, Guatemala, Central America.
Robert Newman, New York City.
George F. Shrady, New York City.

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# WARREN COUNTY.

## WARREN COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, second Tuesday in June, at Lake George; semi-annual, when and where the Society determine.

*Officers.* (*June* 14, 1881.)

W. W. MacGregor, President.
W. R. Adamson, Vice-President.
F. B. Streeter, Secretary.
F. L. R. Chapin, Treasurer.

*Delegate to State Medical Society.*

D. B. Howard.

*Members.*

Adamson, W. R., Caldwell, Lake George.
Aldrich, F. E., Chestertown.
Aldrich, G. H., Stony Creek.
Aldrich, T. E. Athol.
Aldrich, William D., Warrensburgh.
Aldrich, W. W., Weavertown.
Amedem, A. O., Glens Falls.
Chapin, F. L. R., Glens Falls.
Charette, L., Warrensburgh.
Eddy, R. J. Glens Falls.
Ferguson, James, Glens Ealls.
Howard, D. B., Warrensburgh.
Howard, E. W., Warrensburgh.
McGregor, W. W., Glens Falls.
Mallory, A., Chestertown.
Martine, G. R., Weavertown.
Murray, S. J., Glens Falls.
Peck, M. R., Glens Falls.
Porteous, J. G., Luzerne.
Robinson, W. C., Chestertown.
Robinson, W. S., Bolton.
Streeter, Buel G., Glens Falls.
Streeter, Fred. B., Glens Falls.
Wall, J. C., Olmstedville, Essex Co.
Weston, A., Glens Falls.

Number of Members, 25.

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# WASHINGTON COUNTY.

## MEDICAL SOCIETY OF THE COUNTY OF WASHINGTON.

(Organized July 1, 1806.)

MEETINGS.—Annual, last Tuesday in June, at such place within the county as the Society shall designate.

### *Officers.* (*June* 28, 1881.)

T. Z. Gibbs, President.
A. M. Young, Vice-President.
John Millington, Secretary and Treasurer.

### *Censors.*

A. W. Tupper, T. C. Wallace, J. Lambert.

### *Delegates to State Medical Society.*

John Lambert, T. C. Wallace.

### *Members.*

Baldridge, J., Shushan.
Carpenter, Frank H., West Rupert.
Cipperly, J., Middle Falls.
Clark, E. G., Sandy Hill.
Cooley, James S., Sandy Hill.
Flint, J. J., Fort Edward.
Gibbs, T. Z., Fort Ann.
Gray, H., Greenwich.
Griffin, Albert C., Fort Miller.
Hebert, P. Z., Whitehall.
Hewitt, A., Fort Edward.
Hinds, T. D., Salem.
Holcomb, B. R., Whitehall.
Irwine, S. B., West Hebron.
Keefer, Charles W., Fort Miller.
Ketchum, B. F., Cambridge.
Knowlson, J., Middle Granville.
Lambert, J., Salem.
Long, A. J., Whitehall.
Madison, J. H., West Hebron.
Madison, W. B., West Hebron.
Maynard, W. B., Salem.
McLaurie, C. M., Salem.
McNeil, J. S., Argyle.
Millington, J., East Greenwich.
Munroe, I. T., Granville.
Murray, G. B., Greenwich.
Nelson, T. L., Granville.
Perry, A., South Granville.
Pierce, D. T., Argyle.
Renois, W., Whitehall.
Schermerhorn, E., Buskirk's Bridge.
Senten, B. C., Whitehall.
Still, J. C., Argyle.
Tenney, W. A., Granville.
Tupper, A. W., North Granville.
Wallace, T. C., Cambridge.
Whitcomb, G. H., Greenwich.
Young, A. M., Salem.

Number of Members, 39.

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# WAYNE COUNTY.

## WAYNE COUNTY MEDICAL SOCIETY.

(Organized June 2, 1823.)

MEETINGS.—Annual, second Tuesday in July; semi-annual, second Tuesday in October.

### *Officers.* (*July* 12, 1881.)

L. A. Crandall, President.
Mrs. C. C. Hall, Vice-President.
Jason Parker, Secretary.
Darwin Colvin, Treasurer.

### *Censors.*

E. W. Bottum, S. Briggs, S. Ingraham
J. E. Smith, J. W. Putnam.

### *Delegates to State Medical Society.*

L. S. Sprague. J. E. Smith.

### *Members.*

Arnold, J. N., Clyde.
Besley, J. M., Palmyra.
Babcock, H. E. Marion.
Bottum, E. W., Lyons.
Bradshaw, J. E., Rose.
Brandt, J. S., Ontario.
Brandt, J. W., Ontario.
Briggs, Solon, Newark.
Briggs, Mrs. J. S., Newark.
Burr, H. N., Palmyra.
Colvin, Darwin, Clyde.
Cook, A. C., Clyde.
Coon, Lewis, Rose.
Crandall, L. A., Fairfield.
Draper, E. H., Wolcott.
Gaylord, L. M., Sodus.
Godfrey, W. L., Williamson.
Green, W. H., Wolcott.
Hall, Mrs. C. C., Lyons.
Horton, D. B., Red Creek.
Ingraham, Samuel, Palmyra.
Kingman, C. M., Palmyra.
Lacey, C. S., Macedon.
Lamont, John C., Sodus.
Landon, N. E., Newark.
Negus, M. W. T., South Sodus.
Nutten, W. F., Newark.
Parker, Jason, Clyde.
Pascoe, F. M., Red Creek.
Pomeroy, C. G., Newark.
Putnam, James W., Lyons.
Robertson, J. N. Wolcott.
Sayres, Alex., Marion.
Seaman, H. F., Alton.
Sheldon, A. F., Lyons.
Sherman, F. J., Lyons.
Smith, J. E., Clyde.
Sprague, L. S., Williamson.
Sutherland, L. W., Marengo.
Trowbridge, L. D., Palmyra.
Thirkwell, W. G., Sodus.
Turner, Miss J. M., Lyons.
Wilson, Benjamin, Wolcott.
Woodworth, Wm. M., Savannah.
Wormer, C., Marion.
Young, A. A., Newark.

Number of Members, 46.

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# WESTCHESTER COUNTY.

## WESTCHESTER COUNTY MEDICAL SOCIETY.

(Organized June 8, 1879.)

MEETINGS—Annual, third Tuesday in June; intermediate, third Tuesday in October and February.

*Officers.* (*June* 21, 1881.)

C. H. Judson, President.
R. B. Coutant, Vice-President.
J. Francis Chapman, Secretary.
Arch M. Campbell, Treasurer.

*Censors.*

William H. Helm, J. J. Linson, L. F. Pelton.

*Delegates to State Medical Society.*

A. M. Campbell, W. R. Upham, A. Benedict.

*Committee on Hygiene.*

J. Francis Chapman, E. F. Brush, R. B. Coutant.

*Members.*

Acker, T. J., Croton Landing.
Balch, G. B., Yonkers.
Benedict, A. C., Yonkers.
Brown, Valentine, Yonkers.
Brush, E. F., Mt. Vernon.
Campbell, A. M., Mt. Vernon.
Carlisle, Stuart B., Mt. Vernon.
Carpenter, W. J., Katonah.
Carruthers, H., Tarrytown.
Casselman, D. L., Purdy's Station.
Chapman, J. Frs,. Katonah.
Choate, G. C. S., Pleasantville.
Churchill, J. H., Cross River.
Cibulka, Clemens, Port Chester.
Collins, Isaac G., Sing Sing.
Comfort, J. E., Morrisania.
Coutant, R. B., North Tarrytown.
Crump, A. H., Jerome.
Curry, James H., Shrub Oak.
Curtis, Newton F., White Plains.
DeHart, H. G. V., Pleasantville.
Dorran, W. M., Mt. Vernon.
Drummond, Charles E., Bedford.
Elting, V. V., Tremont
Fisher, George J., Sing Sing.
Fountain, Hosea, Yorktown.
Fowler, J. B., Pleasantville.
Freeland, N. H., Tarrytown.
Fulton, J. B., Irvington.
Furman, J. H., Tarrytown.
Goodwin, Thomas F., Mt. Vernon.
Hagy, J. Albert, Dobb's Ferry.
Helm, Wm. H., Sing Sing.
Hermance, E. M., Yonkers.
Hodgson, George W., White Plains.
Hooper, Peter, Yonkers.

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Horton, H. L., Morrisania.
Huntington, H. K., New Rochelle.
Husted, N. C., Tarrytown.
Ives, H. M., Hastings.
Jenkins, J. F., Yonkers.
Jeschinsky, Louis, Mt. Vernon.
Judson, C. H., Dobb's Ferry.
Kretchmar, G. A., Morrisania.
Lewis, Z. E., West Farms.
Linson, John J., Tarrytown.
Matthews, E. F., Port Chester.
McElroy, S. H., Mott Haven.
Mixrell, A. J., Rye Neck.
Nordquist, C. J., Tuckahoe.
Olmsted, C. O., Cross River.
Parsons, John, King's Bridge.
Patch, H. F., Chappaqua.
Pelton, Louis F., Mt. Kisco.
Pryer, Wm. C., New Rochelle.
Reinfelder, M. J., Yonkers.
Rose, A., Tarrytown.
Sands, D. J., Port Chester.
Sawyer, P. R. H., Bedford.
Schmid, H. E., White Plains.
Snowden, Alex. O., Peekskill.
Snowden, Thomas, Peekskill.
Southworth, R. J., Yonkers.
Stevens, H., Croton Landing.
Stone, Robert, Irvington.
Strang, Albert, Yorktown.
Swan, H. S., Mamaroneck.
Swift, Samuel, Yonkers.
Upham, William R., Yonkers.
VanCortlandt, A., New Rochelle.
Varian, W. A., South Yonkers.
Wells, W. L., New Rochelle.
Wood, J. G., Croton Falls.

Number of Members, 73.

## WYOMING COUNTY.

### WYOMING COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, second Tuesday in June.

*Officers.* (*June* 14, 1881.)

S. C. Smith, President.
E. G. Harding, Vice-President.
W. A. McFarlane, Secretary and Treasurer.

*Censors.*

J. C. Nichols, G. M. Palmer, D. W. Rudgers,
F. E. Bliss, J. G. Van Pelt.

*Delegate to State Medical Society.*

George M. Palmer.



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*Members.*

Adams, O. B., Warsaw.
Baker, Milan, Warsaw.
Bliss, F. E., Wethersfield Springs.
Hoddy, Wm. M., North Java.
Crichton, William, Perry Centre.
Ellis, S. G., Perry.
Harding, E. G., Wyoming.
Hunt, W. D., Gainsville.
Lusk, Z. J., Warsaw.
McFarlane, W. A., Pike.
Martin, W. N., Cowlesville.
Merville, Hiram P., Pike.
Miller, R. W., Castile.
Miller, Samuel S., Java.
Nichols, John C., North Java.
Palmer, George M., Pike.
Peck, Lucius, Arcade.
Rae, Robert, Portageville.
Rathbun, James P., Java.
Rudgers, D. W., Perry.
Smith, S. Chester, Castile.
Spencer, Horatio, Pike.
Woekener, John, Strykerville.

Number of Members, 23.

## YATES COUNTY.

### YATES COUNTY MEDICAL SOCIETY.

MEETINGS—Annual, first Tuesday in June; semi-annual, second Tuesday in January. Other meetings as directed by the Society.

*Officers.* (*June* 7, 1881.)

A. R. Otis, President.
D. M. Smith, Vice-President.
Cyrus C. Harvey, Secretary.
Benjamin L. Holt, Treasurer.

*Delegate to State Medical Society.*

William Oliver.

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*Members.*

Bardwell, R. R. C., Penn Yan.
Brundage, G. W., West Dresden.
Bush, Winans, Branchport.
Carson, A. L., Rushville.
Christie, Miss A. A., Rushville.
Crane, W. H., Penn Yan.
Harvey, Cyrus C., Dundee.
Havens, B. B., Rushville.
Holt, B. L., Penn Yan.
Lott, Schuyler, Bellona.
Lusk, N. L., Penn Yan.
Maloney, John M., Eddytown.
Oliver, William, Penn Yan.
Otis, A. R., Dundee.
Seeley, F. B., Rushville.
Sloan, A. B., Bellona.
Smith, D. M., Penn Yan.
Smith, E. S., Penn Yan.
Smith, Frank, West Dresden.
Spence, Byron, Dundee.
Stevens, Jobe S., Penn Yan.
Stone, C. B., Himrods.
Stuart, E. P., Italy Hollow.
Waddell, James M., Penn Yan.
Wixom, William, Italy Hill.

Number of Members, 25.

| | |
|---|---|
| Whole number of members of County Societies | 4,107 |
| Less, number belonging to two or more societies (about) | 280 |
| Total | 3,827 |

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# APPENDIX.

*LAWS OF THE STATE OF NEW YORK OF INTEREST TO THE MEDICAL PROFESSION, NOT PRINTED IN THE APPENDIX TO THE TRANSACTIONS OF* 1880.

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# APPENDIX.

## LAWS OF THE STATE OF NEW YORK OF INTEREST TO THE MEDICAL PROFESSION, NOT PRINTED IN THE APPENDIX TO THE TRANSACTIONS OF 1880.

**Chapter 221, Laws of 1841.**

### AN ACT

### To aid the Albany Medical College.

PASSED May 25, 1841.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

SECTION 1. The Treasurer shall pay, on the warrant of the Comptroller, the sum of five thousand dollars a year for three years, from the income of the United States deposit fund, to the trustees of the Albany Medical College, to be expended for additions and improvements to the college buildings, museum, chemical and philosophical apparatus, and for the purchase of a library.

§ 2. The trustees shall annually report to the regents of the university the mode in which said moneys were expended.

§ 3. The medical faculty and their successors shall annually forever, admit to their course of instruction in the Albany Medical College, free of all charges whatever, so many indigent students, not exceeding one from each of the first, second, third and fourth senate districts, as shall be recommended for that purpose by the board of censors of the State Medical Society for such districts.

§ 4. The legislature may at any time, alter or repeal this act.

§ 5. This act shall take effect immediately.

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**Chapter 478, Laws of 1869.**

## AN ACT

### Regulating the Preparation of Medical Prescriptions.

PASSED May 1, 1869; three-fifths being present.

*The People of the State of New York, represented in Senate and Assembly do enact as follows:*

SECTION 1. No person employed or in attendance at any drug store or apothecary shop shall prepare a medical prescription, unless he has served two years' apprenticeship in a drug store or is a graduate of a medical college or a college of pharmacy, except under the direct supervision of some person possessing some one of the before mentioned qualifications; nor shall any one having permanent charge as proprietor or otherwise of any store at which drugs are sold by retail, or at which medical prescriptions are put up for sale or use, permit the putting up or preparation thereof therein by any person, unless such person has served two years as apprentice in a retail drug store, or is a graduate of a medical or a college of pharmacy.

§ 2. Any person violating the provisions of this act shall be guilty of a misdemeanor, and shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not to exceed six months in the county jail; and in case of death ensuing from such violation, the person offending shall be deemed guilty of a felony, and be punished by a fine not less than one thousand dollars, nor more than five thousand dollars, or by imprisonment in State prison for a term of not less than two years, or by both fine and imprisonment, in the discretion of the court.

§ 3. This act shall take effect immediately.

---

**Chapter 186, Laws of 1881.**

## AN ACT

### Extending the time in which physicians and surgeons may comply with the provisions of chapter five hundred and thirteen of the laws of eighteen hundred and eighty, entitled "An act to regulate the licensing of physicians and surgeons," and to exempt certain physicians and

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surgeons from the penalties prescribed by that act upon complying with the provisions of the following act:

PASSED May 2, 1881; three-fifths being present.

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

SECTION 1. Any person who was duly authorized to practice physic or surgery in this state, and entitled to register in the office of any county clerk in any county in this state where such person was practicing or intending to practice physic or surgery, under and according to the provisions of chapter five hundred and thirteen of the laws of eighteen hundred and eighty, entitled "An act to regulate the licensing of physicians and surgeons," and who shall not have registered as required by the provision of said chapter, shall have until the first day of October, eighteen hundred and eighty-one, in which to register as prescribed by section two of said act, entitled "An act to regulate the licensing of physicians and surgeons."

§ 2. Any person who shall comply with the provisions of this act shall not be liable in any manner to the penalties prescribed by section three of chapter five hundred and thirteen of the laws of eighteen hundred and eighty, entitled "An act to regulate the licensing of physicians and surgeons." This section shall not apply to a person who shall have practiced physic or surgery under cover of a diploma illegally obtained; but such persons shall be liable to the penalties prescribed by section three above mentioned.

§ 3. This act shall take effect immediately.

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**Chapter 407 Laws of 1881.**

## AN ACT

### To Prevent the Adulteration of Food or Drugs.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:—*

SECTION 1. No person shall, within this State, manufacture, have, offer for sale, or sell any article of food or drugs, which is adulterated within the meaning of this act, and any person



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violating this provision shall be deemed guilty of misdemeanor, and upon conviction thereof, shall be punished by fine not exceeding fifty dollars for the first offence, and not exceeding one hundred dollars for each subsequent offence.

§ 2. The term "food," as used in this act, shall include every article used for food or drink by man. The term "drug," as used in this act, shall include all medicines for internal and external use.

§ 3. An article shall be deemed adulterated within the meaning of this act—

*a.*—In the case of drugs.

1. If, when sold under or by a name recognized in the United States Pharmacopœia, it differs from the standard of strength, quality, or purity laid down therein.

2. If, when sold under or by a name not recognized in the United States Pharmacopœia, but which is found in some other pharmacopœia or other standard work on Materia Medica, it differs materially from the standard of strength, quality, or purity laid down in such work.

3. If its strength or purity fall below the professed standard under which it is sold.

*b.*—In the case of food or drink.

1. If any substance or substances has or have been mixed with it so as to reduce or lower or injuriously affect its quality or strength.

2. If any inferior or cheaper substance or substances have been substituted wholly or in part for the article.

3. If any valuable constituent of the article has been wholly or in part abstracted.

4. If it be an imitation of, or be sold under the name of, another article.

5. If it consists wholly or in part of a diseased or decomposed, or putrid or rotten, animal or vegetable substance, whether manufactured or not, or, in the case of milk, if it is the produce of a diseased animal.

6. If it be colored, or coated, or polished, or powdered, whereby damage is concealed, or it is made to appear better than it really is, or of greater value.

7. If it contain any poisonous ingredient, or any ingredient which may render such article injurious to the health of a person consuming it: Provided, that the State Board of

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Health may, with the approval of the Governor, from time to time declare certain articles or preparations to be exempt from the provisions of this act: And provided further, that the provisions of this act shall not apply to mixtures or compounds recognized as ordinary articles of food, provided that the same are not injurious to health, and that the articles are distinctly labeled as a mixture, stating the components of the mixture.

§ 4. It shall be the duty of the State Board of Health to prepare and publish from time to time, lists of the articles, mixtures or compounds declared to be exempt from the provisions of this act in accordance with the preceding section. The State Board of Health shall also from time to time fix the limit of variability permissible in any article of food or drug, or compound, the standard of which is not established by any national pharmacopœia.

§ 5. The State Board of Health shall take cognizance of the interests of the public health as it relates to the sale of food and drugs and the adulteration of the same, and make all necessary investigations and inquiries relating thereto. It shall also have the supervision of the appointment of public analysts and chemists, and upon its recommendation whenever it shall deem any such officers incompetent, the appointment of any and every such officer shall be revoked and be held to be void and of no effect. Within thirty days after the passage of this act, the State Board of Health shall meet and adopt such measures as may seem necessary to facilitate the enforcement of this act, and prepare rules and regulations with regard to the proper methods of collecting and examining articles of food or drugs, and for the appointment of the necessary inspectors and analysts; and the State Board of Health shall be authorized to expend, in addition to all sums already appropriated for said Board, an amount not exceeding ten thousand dollars for the purpose of carrying out the provisions of this act. And the sum of ten thousand dollars is hereby appropriated out of any moneys in the treasury, not otherwise appropriated, for the purposes in this section provided.

§ 6. Every person selling, or offering or exposing any article of food or drugs for sale, or delivering any article to purchasers, shall be bound to serve or supply any public analyst or other agent of the State or local Board of Health appointed under this act, who shall apply to him for that purpose, and on his tendering the value of the same, with a sample sufficient for the purpose of analysis of any article which is included in this act, and which is in the possession of the person selling, under a penalty not exceeding fifty dollars for

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a first offense, and one hundred dollars for a second and subsequent offenses.

§ 7. Any violation of the provisions of this act shall be treated and punished as a misdemeanor; and whoever shall impede, obstruct, hinder, or otherwise prevent any analyst, inspector or prosecuting officer in the performance of his duty shall be guilty of a misdemeanor, and shall be liable to indictment and punishment therefor.

§ 8. Any acts or parts of acts inconsistent with the provisions of this act are hereby repealed.

§ 9. All the regulations and declarations of the State Board of Health made under this act, from time to time and promulgated, shall be printed in the statutes at large.

§ 10. This act shall take effect at the expiration of ninety days after it shall become a law.

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**Chapter 431, Laws of 1881.**

## AN ACT

To amend chapter three hundred and twenty-four of the laws of eighteen hundred and fifty, entitled "An act for preservation of the public health," and the acts amendatory thereof.

PASSED May 28, 1881; three-fifths being present

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

SECTION 1. Section one of chapter three hundred and twenty-four of the laws of eighteen hundred and fifty, entitled "An act for the preservation of the public health," is hereby amended so as to read as follows:

§ 1. It shall be the duty of the common council of every city in this state, except in the cities of Brooklyn, New York, Yonkers and Buffalo, (which are hereby excepted from the operations of this act), to appoint a board of health for such city to consist of six persons who are not members of said council, and who shall be appointed, as follows: Two persons for a term of one year; two persons for a term of two years; and two persons for a term of three years (one of whom, at least, shall be a competent physician). The mayor of such city

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shall be a member ex-officio of such board of health, and shall be president thereof. The said board of health, when duly organized, shall appoint a competent physician (not a member of such board) who shall be health officer for such city. This section shall not be construed to remove any of the existing boards of health in any of the cities of this state, but the successors of such boards shall be appointed as in this section provided. Upon the expiration of the term of office of any member of the board of health, appointed as herein provided, his successor shall be appointed by such common council for the term of three years, and the said common council shall also have power to fill any vacancy caused in such board of health by the death, resignation or removal from the city of any member thereof. And it shall be the duty of the trustees of every incorporated village in this state in which there is not now a board of health duly organized, to appoint once in each year a board of health for such village, to consist of not less than three nor more than seven persons (who are not village trustees,) who shall hold office for one year, or until their successors shall have been appointed, from which board shall be elected a president and secretary; and the said board of health, thus constituted, shall appoint a competent physician to be the health officer of such village, who shall not be a member of said board of health.

§ 2. Section two of said act is hereby amended so as to read as follows:

§ 2. The supervisor and justices of the peace and the town clerk, or a majority of them, of each town, in this state, together with a citizen of such town, of full age to be elected by them, shall be the board of health for such town for each year, and they shall appoint some competent physician, not a member of said board, to be the health officer for such town. They shall have cognizance of the causes of injury or danger to the public health, and shall meet upon call of the supervisor. Also, whenever in the judgment of the State Board of health, or (if the said board be not in session,) of the president and secretary thereof, it shall be necessary, and the public good requires it, the supervisor of such town, upon reasonable notice being given him from the State Board of Health, or its president and secretary, shall immediately convene the town board of health, by notice to the members thereof, to take such proceedings as the public health in that vicinity may require, and concerning which it shall have been notified by the State Board of Health, or by its president and secretary. And in any case in which the term for which the board of health of any village, or city, heretofore appointed, shall have expired, or in any case in which a member or several members of a board of health of any town, village or city in this state,

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shall resign or cease to act officially, so that less than the statutory number of members of said board continue to be members thereof, then it shall be the duty of the county judge of the county in which such town, village or city is situated or an adjacent county, upon being satisfied that such term has expired, or that such vacancy or vacancies exist, to appoint, in writing, a competent citizen or citizens, as the case shall require to fill such vacancy or vacancies, and to perform the duties of said office within the time specified, and until the said town, village or municipal government shall have elected or appointed the member or members, who shall, according to law, perform such official duties in the said board of health. The written appointment to a board of health made by a county judge under this section shall forthwith be filed in the office of the clerk of the county in which such board of health is located. Any violation of the provisions of this section or of any lawful instruction of said State Board of Health shall be a misdemeanor.

§ 3. Section three of said act is hereby amended so as to read as follows:

§ 3. The several boards of health now organized in any city, village or town in this state (except in the cities of New York, Yonkers and Brooklyn and Buffalo,) and the several boards of health constituted under this act as amended, shall have power and it shall be their duty to meet in their respective cities, villages and towns and fix and determine the period of quarantine to which vessels, vehicles, or persons arriving in such city, village or town, shall be subject; but the said board shall have power, after an examination, to reduce the period of quarantine of such vessel, vehicles or persons, if they deem it safe so to do.

§ 4. Subdivision five of section three of said act is hereby amended so as to read as follows:

5. Such board of health shall have power, and it shall be its duty, to receive and examine into the nature of complaints made by any of the inhabitants, concerning causes of danger, or injury to the public health within the limits of its jurisdiction; also to report to the State Board of Health, promptly, facts which relate to infectious and epidemic diseases within said jurisdiction, and to require such isolation and quarantining of persons, vessels and sources of infection, as shall be in its judgment necessary; also to release from such isolation or quarantine, such persons, vessels and things, as it shall deem safe to release; but upon ordering such quarantining or isolation, or such release from the same, said board and its health officers shall make a record of the facts in the case, and of the

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reasons for the action taken. It shall also be the duty of the said local board to procure suitable places for the reception of persons, and things infected with malignant, contagious or infectious diseases, and in all cases where sick persons cannot otherwise be provided for, to procure for them medical, and other attendance and necessaries; and it shall be the duty of every such board of health to take cognizance of, and report, every case of small-pox or varioloid, occurring within said board's jurisdiction, also to make all needful provisions for immediately obtaining the necessary means for thorough and safe vaccination of all persons within the said jurisdiction who may need the same. It shall also be the duty of the board of health in each town, village and city in this State, to have the supervision of the registration of deaths, diseases and the causes of death, and by its appointed officers, to examine all certificates and records of death, and findings of coroner's juries, and to designate the persons who shall grant permits for the burial of the dead, and to prescribe sanitary regulations for such burials, and it shall be the duty of every such board of health to supervise and make complete the registration of births, deaths and marriages within the limits of its jurisdiction, and in so completing the said registration the cost thereof shall be a charge upon such town, village or city, and shall not exceed fifty cents for each complete verified and registered record of a birth, death or marriage, but the town clerks and the registering clerks provided by law in the villages and cities may still keep all records of births, deaths and marriages as required by chapter five hundred and twelve, laws of eighteen hundred and eighty.

§ 5. The following is hereby made section nine of said act, supplementary to and a part thereof:—

§ 9. In any instance in which there is a legally organized board of health in an incorporated village, which comprises parts of several towns, or less than a whole town, such board of health shall have full authority in regard to all matters relating to public health within said village, and such village which has its own organized board of health shall not be subject to the sanitary regulations of health officers of the township or towns within which such village is located; nor shall the taxable property of any such village, while maintaining its own board of health, be subject to taxation for maintaining any town board or boards of health, or for any expenditures authorized by such town boards; but such expenditures of the town boards of health shall be assessed and collected exclusively on property in the town outside of said village.

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§ 6. All acts and parts of acts inconsistent with this act are hereby repealed.

§ 7. This act shall take effect immediately.

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**Chapter 550, Laws of 1881.**

## AN ACT

To amend chapter four hundred and sixty of the laws of eighteen hundred and seventy-nine, entitled "An act to amend chapter one hundred and twenty-three of the laws of eighteen hundred and fifty-four, entitled 'An act to promote medical science.'"

PASSED June 21, 1881; three-fifths being present.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

SECTION 1. Section one of chapter four hundred and sixty of the laws of eighteen hundred and seventy-nine, entitled "An act to amend chapter one hundred and twenty-three of the laws of eighteen hundred and fifty-four, entitled 'An act to promote medical science,'" is hereby amended so as to read as follows:

§ 1. It shall be lawful for the governors, keepers, wardens, managers and persons having lawful control and management of all public hospitals, prisons, asylums, morgues, and other public receptacles for the bodies of deceased persons to deliver to the professors and teachers in all legally incorporated medical colleges in this state, and in such delivery it shall be obligatory upon the said governors, keepers, wardens, managers and persons to distribute them in proportion to the number of matriculated students in such colleges as apply for them respectively, and it shall be lawful for said professors and teachers to receive the remains or body of any deceased person for the purpose of medical and surgical study, provided said remains shall not have been regularly interred and shall not have been desired for interment by any relative or friend of such deceased person within twenty-four hours after death; provided, also, that the remains of no person who may be known to have relatives or friends shall be so

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delivered or received without the consent of said relatives or friends. And provided that the remains of no person detained for debt or as a witness, or on suspicion of crime, or of any traveler, or of any person who shall have expressed a desire in his or her last illness that his or her body be interred, shall be delivered or received as aforesaid, but shall be buried in the usual manner. And provided, also, that in case the remains of any person so delivered or received shall be subsequently claimed by any relative or friend, they shall be given up to said relative or friend for interment. And it shall be the duty of said professors and teachers to dispose of said remains in accordance with the instructions of the board of health in said localities where such medical colleges are situated after the remains have served the purposes of study aforesaid. And for any neglect or violation of the provisions of this act, the party so neglecting shall forfeit and pay a penalty of not less than twenty-five nor more than fifty dollars, to be sued for and recovered by the health officers of said cities and places for the benefit of their department.

§ 2. It is further provided and enacted that whenever the managers, governors, or person or persons having lawful control and management over any public hospital in any city or county in this state, shall grant to matriculated students of any legally incorporated medical college in said city or county, privileges of admission to such hospital for hearing clinics or lectures, or receiving medical or surgical instruction therein, the like privileges and advantages shall be granted to the matriculated students in each and all legally incorporated medical colleges in said city and county who may desire the same, without distinction or preference, and upon equal terms and conditions as to all.

§ 3. Nothing in this act shall prevent the managers of hospitals from limiting the attendance of students in such hospitals to a number compatible with the welfare of patients. But in such limitation they shall receive students from such legally incorporated medical colleges applying for such admission in proportion to the number of students in attendance upon such colleges.

§ 4. All acts or parts of acts inconsistent with this act are hereby repealed.

§ 5. This act shall take effect immediately.



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**Chapter 679. Laws of 1881.**

## AN ACT

To amend chapter seven hundred and forty-six of the laws of eighteen hundred and seventy-two, entitled "An act relating to the examination of candidates for the degree of doctor of medicine."

PASSED July 26, 1881.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

SECTION 1. Section three of chapter seven hundred and forty-six of the laws of eighteen hundred and seventy-two, entitled "An act relating to the examination of candidates for the degree of doctor of medicine," is hereby amended so as to read as follows:

§ 3. Such examinations shall be in anatomy, physiology, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery, and in the therapeutics of that one of the systems of practice represented in the several incorporated state medical societies of this state which the candidate may elect.

§ 2. This act shall take effect immediately.

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